

# shamrock Run

26th Annual



to benefit Irish Cultural Center HV

**Sunday, March 16th, 2014 — 12:50 p.m. (sharp!)**

**Academy Green, Kingston**

**Flat, Fast and First Class — only 2 miles**

**START:** Academy Green, Kingston, 12:50pm sharp  
**FINISH:** at the foot of Broadway  
**ENTRY FEE:** Prior to March 1st: \$15.00. On or after March 1st: \$25.00

Check in and Race Day Registration 10:00 a.m. – 12:30 p.m.  
 Across from Academy Green at Gov. Clinton Apartments, 1 Albany Ave.  
 Team pick-up by ONE person at Team Table ONLY.

Long sleeve T-shirt for first 3000 registrations postmarked by March 1st.

**Post Race Party - ID Required for post race party:** 1:30 pm at the Rondout Neighborhood Center, 105 Broadway, Kingston

**PRIZES:** Randomly drawn from all registered runners.

**You must have a race number and be present to win.**

*Help us end hunger in Ulster County. Please bring canned or dry boxed food to registration and we will distribute all collected food to a local food pantry.*



**MAIL REGISTRATION FORM AND CHECK PAYABLE TO:**  
 SHAMROCK RUN  
 c/o Carey Construction  
 78 Furnace St., Kingston, NY 12401  
**Please Do Not Staple Checks**

**shamrock Run**  
 sunday, march 16<sup>th</sup>, 2014



_____		
Last Name	First Name	Email
_____ ( ) _____		
Mailing Address	Street	Phone
_____		
City	State	Zip

**Trophy for School with largest number of entrants PRE-REGISTERED**

Team Registration: Send race forms and fees together. One person picks up T-shirts for team. Individual T-shirts will only be given to individual registrants.

_____ ( ) _____		
Exact Name of School	Contact Person	Phone

For group entries or questions, please call (845) 389-3896 or email shamrockrun@icchv.org

**No refunds, exchanges, or transfers. No animals will be permitted to accompany the runners.**

In consideration of accepting this entry, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Ancient Order of Hibernians, the Irish Cultural Center Hudson Valley, the City of Kingston Parks and Recreation Department, the City of Kingston, and any and all sponsors, and their representatives, successors and assigns for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and my physical condition has been verified by a licensed medical doctor. I hereby grant full permission to use photographs, videotapes, recordings or any other record of this event for promotional purposes.

An additional Donation \$ \_\_\_\_\_ to benefit Irish Cultural Center HV

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

(for participant under 18)