

- SECOND ANNUAL -

HOOLEY on the HOOF

Sunday, September 4th, 2016

9 a.m. Sharp!

A SCENIC 5K RUN ALONG THE RONDOUT CREEK

START: Lower Broadway, Kingston (next to Mariner's), 9:00am sharp

FINISH: 32 Abeel Street (Site of the Irish Cultural Center Hudson Valley)

ENTRY FEE: Prior to August 28th \$20 / Raceday \$30.

First 100 registrants get shirts. No, we aren't kidding, we really have shirts.

AWARDS: Top 3 male and female finishers

CHECK-IN & RACE DAY REGISTRATION: 7:00 - 8:30 a.m.

Under the bridge at East Strand

MAIL REGISTRATION FORM AND CHECK PAYABLE TO:

HOOLEY on the HOOF

P.O. Box 1235, Kingston, NY 12402

Please Do Not Staple Checks

Help us end hunger in Ulster County. Please bring non-perishable food to registration and we will distribute all collected food to a local food pantry.

For more information, contact Race Director Steve Schallenkemp

Email: info@hooleyonthehoof.org **or Call** (845) 214-6479



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Last Name First Name Email

Mailing Address Street Phone ()

City State Zip

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)