

Town of Rosendale Run

HALF MARATHON
PLAINS RUN/WALK –
(4.4 MILES)

KIDS FUN RUN

October 8th, 2016

Rosendale Rec. Center
1055 Route 32
Rosendale, NY



BENEFITING
THE TOWN OF ROSENDALE
PARKS AND RECREATION

Music
Post Race

Register by mail or online
@ RosendaleRuns.org
“Like us on Facebook”
www.RosendaleRuns.org

email:

RosendaleRuns@gmail.com

Town of Rosendale Run
P.O. Box 372
Rosendale, NY 12472

The 2016 Rosendale Run Half Marathon and Plains Run is a beautiful course with a variety of terrain and surfaces, history and natural beauty of the Town of Rosendale. The fall foliage will more than likely be at or near its peak for the race. All proceeds will be going to the Town of Rosendale Parks and Recreation.

Any questions, please call
Mary @ 1-917-344-9374

**Optional Friday, October 7th,
2016 T-Shirt pick up at
Rosendale Recreation Center
from 6:00 pm to 8:00 pm.**

Volunteers and sponsors gladly
accepted.

Town of Rosendale Run

October 8, 2016

Half Marathon: 8:30 am

**Plains Run/Walk (4.4 miles):
9:00 am**

Kids Fun Run:

Ages 10 and under

10:00 a.m.

**NO DOGS OR STROLLERS
PLEASE**

Race Prices

Half Marathon:

Prior August 1st - \$40, after
August 1st- \$55, race day \$65.

Plains Run:

Prior August 1st - \$20, after
August 1st- \$30, race day \$35.

Entry Form

Make checks payable to:

“Rosendale Runs”

P.O. Box 372

Rosendale, NY 12472

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Sex: M__ F__

DOB: _____

Age on Race Day: _____

Circle one:

Rosendale Plains Run (4.4 miles)

Rosendale Plains Walk (4.4 miles)

Half Marathon

T shirt size: S M L XL

(Shirt only guaranteed to Pre-Registrants)

Email: _____

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, here, for myself, my heirs, executors and administrators, waive and release all rights claims for damages I may have against THE TOWN OF ROSENDALE, THE TOWN OF ULSTER, WALLKILL VALLEY LAND TRUST, INC., OPEN SPACE CONSERVANCY and WILLIAMS LAKE PROJECT 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, recording and any other record of this event for promotional purposes.

Signature: _____

Parent or Guardian if under 18
