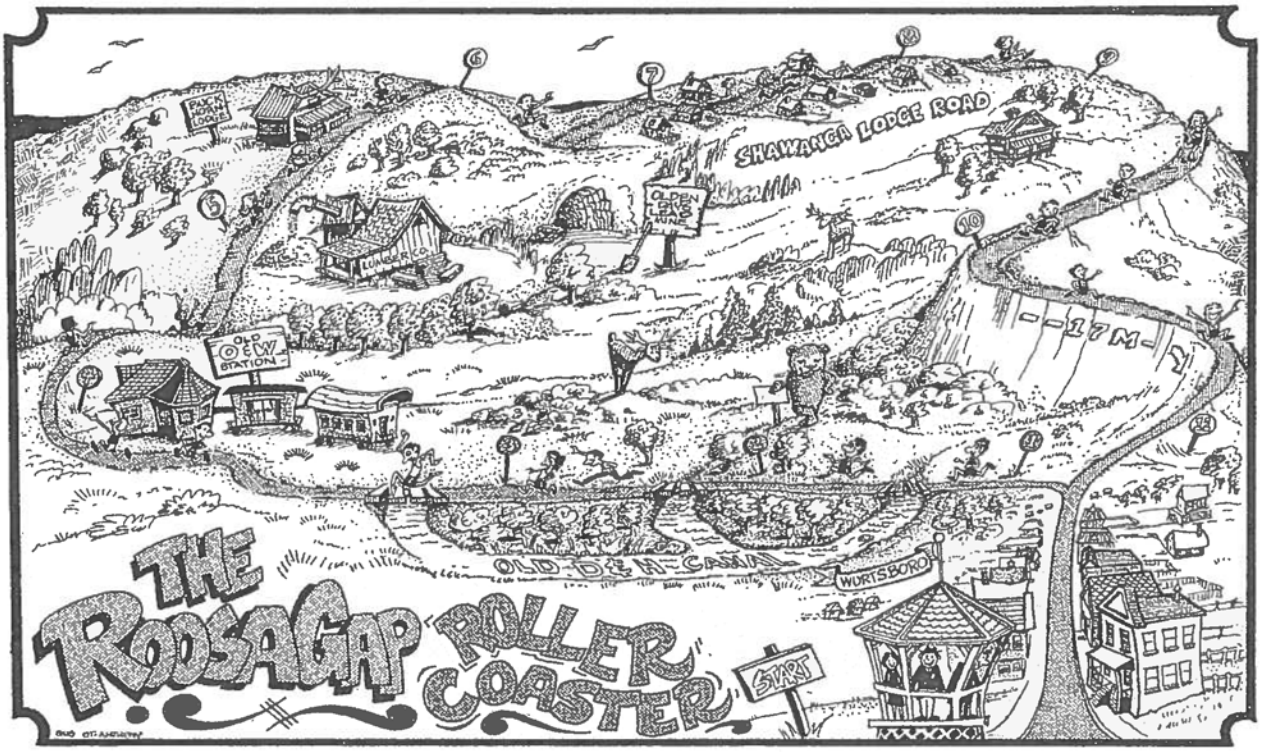
34th ANNUAL ROOSA GAP ROLLER COASTER RUNS

Hosted by: Sullivan Striders Running Club & The Mamakating First Aid & Rescue Squad

11.5 Mile Foot Race, 5K Foot Race & *Walk*

Also: King & Queen of the Mountain Challenge Event



Benefiting the Jerry Evans Memorial Scholarship Fund

Sunday, September 20, 2015

11.5 M-10:00A.M.
5K -11:00 A.M.

WURTSBORO-MAMAKATING

ROOSA GAP ROLLER COASTER BENEFIT RUN

SUNDAY, SEPTEMBER 20, 2015 – 10 A.M.

Mail check or money order prior to September 11, 2015 for $20.00 {no cash please) payable to ROOSA GAP and send to Roosa Gap, c/oTom Ganz, 136 Lake Shore Drive East, Rock Hill, NY 12775. For info call Tom (845)
791-4864. Email: t_ganz@hotmail.com www.sulllvanstrlders.org/roosa_gap.htm
ONLINE REGISTRATION: Active.com website

http://www.active.com/wurtsboro-ny/running/races/33rd-annual-roosa-gap-roller-coaster-runs-2014?int=

Race will have chip timing with results posted online after the race at http://prtiming.com/

***CHECK-IN TIME*: 8:00 TO 9:30 a.m.** at Mamakatmg Ambulance
Race will start at 10:00 a.m./5K at 11:00 a.m.
AWARDS: Will be given to the winners as follows:

11.5 Mile Race & 5K Top 3 Overall Male & Female

19 and under
20-24 25-29 30-34 35-3g 40-44 45-49
50-54 55-59 60-64 65-6g 70 plus

5K Walkers
All will receive metals

The William McNeil Trophy will be awarded to the oldest male or female runner to finish this 11.5 mile course.

PRE-ENTRY IS A FIRM $20.00 ($25.00 after September 11th). NO *REFUNDS!* T-Shirts will be given to all Pre-Entrants (prior to September 11th.) Additional donations will be directed to the Scholarship Fund.
Send check payable to Roosa Gap with the completed entry form to:
Roosa Gap, c/o Tom Ganz, 136 Lake Shore Drive East, Rock Hill, NY 12775.
For information call Tom at (845) 791-4864. Email-t_ganz@hotmail.com
www.sullivanstriders.org/roosa_gap.htm

NAME _____ M/F_____

ADDRESS _____

CITY _____.STATE ZIP _____PHONE _____

RELEASE WAIVER AND ASSUMPTION OF RISK; In consideration ofthis entry acceptance, I realize that this race is an 11.5 mile trail run and/or a 5K foot race, through varied terrain and conditions. I further attest and verify that I am physically fit and have suffiCiently trained for the completion of this difficult race and my physical condition has been verified by a licensed medical doctor (within the past year). I hereby, for myself my heirs, executors and administrators, waive any and all rights of claims for damages I may have against the Town of Mamakating, The Jerry Evans Memorial Scholarship Committee, Village of Wurtsboro, the County of Sullivan, the State of New York, Mamakating First Aid Squad Inc, Wurtsboro Fire Company, or any individual or individuals or sponsors associated with the above for any and all injuries sustained by me in this event.

_____ _____
PARENT'S SIGNATURE {if under 18) DATE

_____ _____
SIGNATURE (Signature applies to Medical and Legal Waivers.) DATE

PLEASE CHECK ONE: ☐ Male ☐ Female

☐ 11.5 Mile Race ☐ 5K Foot Race ☐ 5K Walk

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL

Amount sent: $_____

Donation $ _____