

To Benefit Kingston Catholic School Children's Program





Honoring

Bob Ryan

Ryan & Ryan Insurance

Sunday, March 11th, 2018 — 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: \$20.00 Preregistered to February 28th,

\$25.00 March 1st - March 10th,

\$30.00 Race Day

Saturday T-Shirt Pickup for both Team & Individuals

at the foot of Broadway on March 10th from 10:00 am to 1:00pm

Check in and Race Day Registration 10:00 a.m. - 12:30 p.m.

Across from Academy Green at Governor Clinton Apartments, 1 Albany Avenue.

Team pick-up by ONE person at Team Table ONLY.

The first 3000 registrants guaranteed a shirt or pint glass.

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 non-perishable food to registration and we will distribute all collected food to a local food pantry. Please visit our website at www.shamrockrun.org or like us on Facebook

MAIL REGISTRATION FORM AND CHECK PAYABLE TO: SHAMROCK RUN





PO Box 1235 Kingston, NY 12402 Please Do Not Staple Checks	A	Grand Prize: Trip for two to IRELANCI all Restrictions May Apply	This year's goal	
Last Name	First Name	Email		
			()	
Mailing Address	Street		Phone	
City	State	Zip	Shirt Size (XXL, XL, L, M, S, YL) or Pint Glass	
Trophy for School with largest	number of entrants PRE-REGI	ISTERED		
Team Registration: Send race forms ar	nd 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 Pe	erson	Phone	
For group en	tries or questions, please call Cait	lin (845) 332-3096 or e	email CMwelch24@gmail.com	
No refunds, exchange	s, or transfers. No anii	mals will be pe	ermitted to accompany the runners	
In consideration of accepting this entry, I the claims for damages I may have against the Kingston, and any and all sponsors, and the	ne undersigned, intending to be legally bou e Ancient Order of Hibernians, the Irish Culi neir representatives, successors and assignand my physical condition has been verified	und for myself, my heirs, exe tural Center Hudson Valley, ns for any and all injuries sut	ecutors and administrators, waive and release any and all rights an the City of Kingston Parks and Recreation Department, the City of ffered by me in this event. I attest and verify that I am physically fit ctor. I hereby grant full permission to use photographs, videotapes,	
☐ An additional Donation \$_	to bene	to benefit Irish Cultural Center HV		
Signature of Participant		Date		
Signature of Darent or Legal C	wordien		Data	

(for participant under 18)