

The Ninth and FINAL Damian Meehan Memorial Run

(Fund proceeds will be used to offer Grammar School, High School and College Scholarships, as well as a Relief Fund for a variety of noble causes)

5K Cross-Country Run • 5K Walk • Pee-Wee Races

SATURDAY, SEPTEMBER 25, 2010 10:00AM.

Start and Finish: (Central Valley) Monroe-Woodbury School Track. 5K Cross-Country Run, 5K Walk and Pee-Wee Races, behind the Central Valley Elementary School at 10 a.m.

Race Course: 5K Cross-Country Run and 5K Walk. Traffic-free. Water, first-aid stop, and computerized timing.

Registration: For either 5K Cross Country Run or 5K Walk, a \$30 entry fee received by September 14, 2010; \$35 on race day. Make checks payable to: THE DAMIAN P. MEEHAN MEMORIAL FUND, INC. Mail to: P.O. Box 1333 Monroe, NY 10949. For further information, call: (845) 782-2369, (914) 630-4547 or (212) 942-3432 or email Janine@damianmeehan.org. Race packet pick-up and day of race registration from 7:30 a.m. to 9:30 a.m. at the Monroe-Woodbury School Track.

Online registration available at www.damianmeehan.org

Awards: T-shirts for all entrants. Trophies to top three male and female finishers in each group in 5K Run, with trophies for overall winners in 5K Walk and Run.

Pee-Wee Races: Pee-Wee Races will take place directly following the 5K Cross-Country Run and 5K Walk. Registration on race day **only** from 7:30 a.m. to 9:30 a.m. at the Monroe-Woodbury School Track. **There is no charge for Pee-Wee Races.** Damian medals to all participants.

DIRECTIONS TO THE DAMIAN MEEHAN MEMORIAL RUN
MONROE-WOODBURY SCHOOL TRACK
CENTRAL VALLEY, NY

From NY City

Take NY State Thruway North to Exit 16 (Harriman). After Toll – Exit #131 (Central Valley). At light proceed straight over Route 32. Field is on the right side.

From NJ

Take Route 17 North to NY State Thruway North (Albany) to Exit 16 (Harriman). Then follow as above.

From Palisades Pkwy

Exit 18 – follow Route 6 West – Exit at Central Valley. Make a right at light – at 2nd light make a left. Track is on right side.

✂️ ----- ✂️
▼ PLEASE FILL OUT FORMS, DETACH, INCLUDE CHECKS (IF ANY) AND MAIL TO: THE DAMIAN P. MEEHAN MEMORIAL FUND, INC. P.O. BOX 1333, MONROE, NY 10949 ▼

Race Application	
CHECK ONE:	
<input type="checkbox"/> 5k Walk	(\$30 ENTRY FEE PRIOR TO RACE DAY, \$35 ENTRY FEE ON RACE DAY)
<input type="checkbox"/> 5k Run	
<input type="checkbox"/> Pee-Wee Races (NO CHARGE, REGISTER ON RACE DAY ONLY)	
Register additional family members here ▼	
1. Name _____	M <input type="checkbox"/> / F <input type="checkbox"/> Run <input type="checkbox"/> / Walk <input type="checkbox"/> Age (on Race Day) _____ Birth Date __/__/__ Adult T-shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>
2. Name _____	M <input type="checkbox"/> / F <input type="checkbox"/> Run <input type="checkbox"/> / Walk <input type="checkbox"/> Age (on Race Day) _____ Birth Date __/__/__ Adult T-shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>
3. Name _____	M <input type="checkbox"/> / F <input type="checkbox"/> Run <input type="checkbox"/> / Walk <input type="checkbox"/> Age (on Race Day) _____ Birth Date __/__/__ Adult T-shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>
4. Name _____	M <input type="checkbox"/> / F <input type="checkbox"/> Run <input type="checkbox"/> / Walk <input type="checkbox"/> Age (on Race Day) _____ Birth Date __/__/__ Adult T-shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>
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 have against the Town of Central Valley, the Monroe and Woodbury Police Departments, the Monroe-Woodbury School District, the Damian P. Meehan Memorial Fund, Inc., the Monroe Foundation, and any and all unnamed businesses, governmental offices, sponsors and volunteers, their representatives and successors for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained for this event and my physical condition has been verified by a licensed Medical Doctor.	
Signature _____ Date _____	
Parent's Signature (if under 18 years) _____ Date _____	
Make checks payable to: The Damian P. Meehan Memorial Fund, Inc. P.O. Box 1333, Monroe, NY 10949	

www.damianmeehan.org • (845) 782-2369 • (914) 630-4547 • (212) 942-3432

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\$25 Donors for Damian

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
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7. _____	_____
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10. _____	_____

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