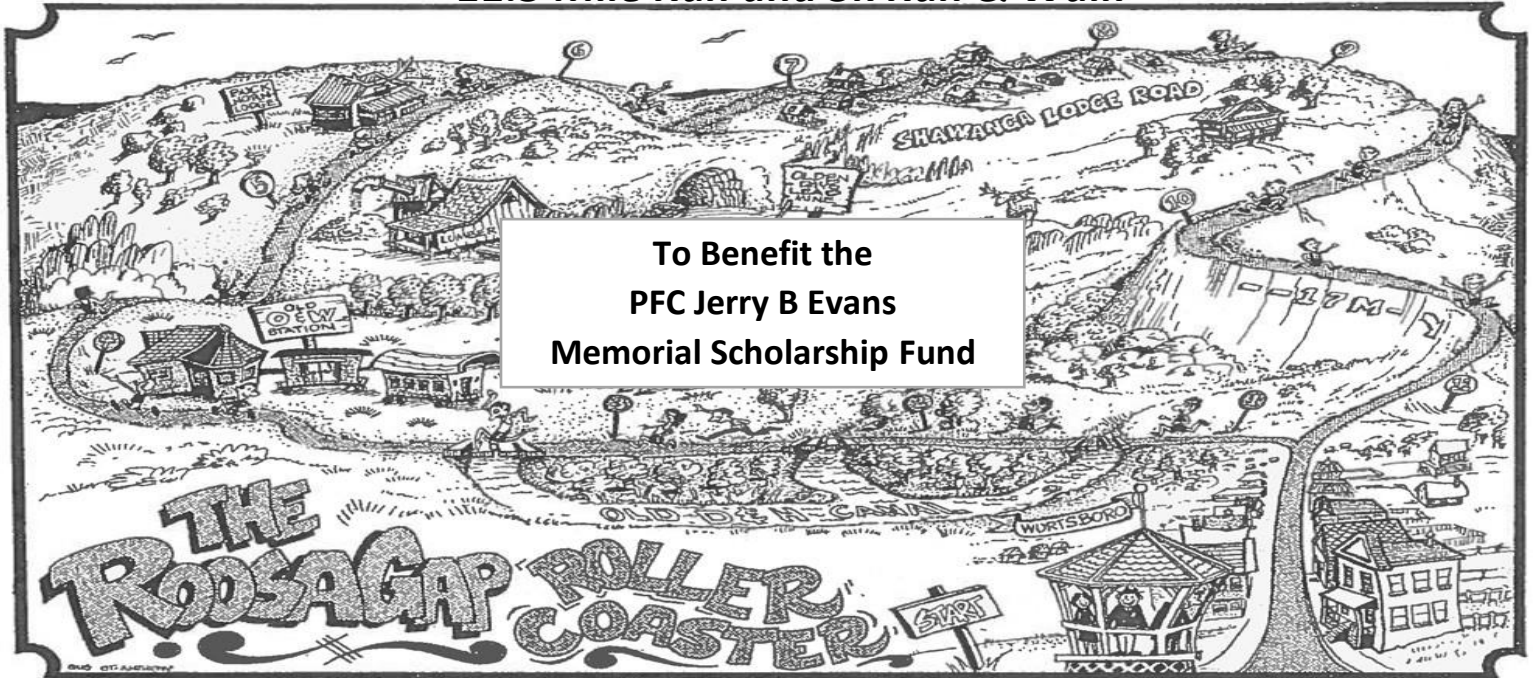


# 35<sup>th</sup> ANNUAL ROOSA GAP ROLLER COASTER RUNS

## 11.5 Mile Run and 5k Run & Walk



To Benefit the  
PFC Jerry B Evans  
Memorial Scholarship Fund

**Sunday, September 18, 2016**

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

11.5 Mile Foot Race (Start Time: 10:00 AM, Early Start: 9:45 AM), 5K Foot Race & Walk (Start Time: 11:00 AM)

<p><b>Entry Fees:</b> Prior to Thursday September 1, 2016: \$25.00 After Thursday September 1, 2016: \$30.00 Check or money orders payable to <b>ROOSA GAP (No refunds)</b></p> <p><b>Mail to:</b> Sullivan Striders C/O ROOSA GAP P.O. BOX 702, Rock Hill, NY 12775</p> <p>All pre-registrants are guaranteed a t-shirt if registration is postmarked by Thursday September 1<sup>st</sup>. All others will be on a first come first served basis.</p>	<p>To Register: <b>Online</b>-through <a href="http://www.active.com">active.com</a> <a href="http://www.active.com/wurtsboro-ny/running/distance-running-races/35th-annual-roosa-gap-roller-coaster-runs-2016">http://www.active.com/wurtsboro-ny/running/distance-running-races/35th-annual-roosa-gap-roller-coaster-runs-2016</a> <b>Mail-in:</b> (See below)</p>
<p><b>Awards:</b> -Top three in each age category for the 5K and Roller Coaster 11.5 mile runs will receive glassware awards -Oldest male or female to finish the 11.5 mile Roller Coaster course will receive The William McNeil Trophy</p>	<p><b>Check In Start Time:</b> 8:00 AM <b>Check In Location:</b> Mamakating First Aid Squad, 68 Sullivan St, Wurtsboro, NY 12790 <b>11.5 Mile Roller Coaster Run:</b> 9:45 AM Early Start, 10:00 AM Regular Start <b>5K Run &amp; Walk:</b> 11:00 AM Start</p> <p><b>Questions:</b> Please contact Race Director, Heather Benson Fassell <a href="mailto:heatherfassell-dpt@hotmail.com">heatherfassell-dpt@hotmail.com</a> 845-807-8292 For more information please see: <a href="http://www.sullivanstriders.org/calendar.htm">www.sullivanstriders.org/calendar.htm</a></p> <p>*Additional donations will be directed to the Jerry Evans Memorial Scholarship Fund</p>

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

RELEASE/WAIVER AND ASSUMPTION OF RISK: In consideration of this 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:  Male  Female

5 K Run  5 K Walk  
 11.5 Mile Run  (Early Start)

T-Shirt Size:  
 S  M  L  XL  XXL

Entry Cost: \$ \_\_\_\_\_

Additional Donation: \$ \_\_\_\_\_