



# BCAC Shamrock Shuffle 3 Mile Fun Run

## Friday Evening, July 24th

6:30 P.M. **♣ Kids' Run**  
1 full loop around  
BCAC Memorial Field

7:00 P.M. **♣ 3 Mile**  
Open to all ages

Flat and fast starting near BCAC Club House running through the town turning near Toll bridge and back with a final loop of the BCAC memorial field

### Entry Fees: Runners

**\$20** – Children Under 13 **\$30** – All Others

### Non-Runners

**\$10** – children under 13 **\$20** – all others

All proceeds go toward the BCAC Mardi Gras fund to support all our youth sports programs and provide community support.

For any information call Jonathan Walters 718-869-6459 or Email [jwrunner@msn.com](mailto:jwrunner@msn.com)

Registration can be done at [www.rockapalucorun.com](http://www.rockapalucorun.com)

### In-person registration at the BCAC Club House

Saturday July 11 10:00 A.M. – 12:00 P.M.

Sunday July 12 11:00 A.M. – 1:00 P.M.

Saturday July 18 10:00 A.M. – 12:00 P.M.

Sunday July 19 11:00 A.M. – 1:00 P.M.

Day of Race Registration – BCAC Club House starting at 5:00 pm

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### Kids' Run – Ribbons to all Participants

**3 Mile – 1<sup>st</sup> Place overall and 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> in these categories:**

Male & Female – 12 and under, 13 – 15, 16 – 20, 21 – 29, 30 – 39  
40 – 49, 50 – 59, 60 – 69, 70 and over



Refreshments, Awards, Raffles, and Entertainment at BCAC Memorial Field following the race



Youth Tee S M L

Adult Tee S M L XL XXL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age on 7/24/15 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Phone # \_\_\_\_\_

email address \_\_\_\_\_

I know that this activity is potentially hazardous. I should not enter unless I am medically able and properly trained. I assume all risks associated with running in this race including, but not limited to, falls, contact with other people, effects of the weather (including heat & humidity), traffic and conditions of the course, and state of my own health. All such risks being known and appreciated by me, and having read this waiver, and knowing these facts, and in consideration of your acceptance of my application, I for myself and anyone entitled to act in my behalf, do waive and release all race sponsors, all race officials, employees, and representatives of the City of New York, Broad Channel Athletic Club., from all claims or liabilities of any kind arising from my participation in this event, even if that liability may arise out of negligence or carelessness by those named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature of Participant, Parent, or Guardian \_\_\_\_\_ Date \_\_\_\_\_