

The Kids' Classic

Sheehan Classic Races for Kids

Broad Street, Red Bank, New Jersey

Friday evening, 6:30 pm, June 18, 2004

50 yd. trot up to half mile, from toddlers thru age 13.

The races start and finish on White St. Each age group will have its own race. Children under 4 can run with a parent or guardian in our 50 yd. trot. Spotters and helpers will be on the course.

Medals to all Kid's Classic finishers.

Bring the family for a delicious pasta dinner at the Sheehan Classic expo, on the banks of the Navesink. All kids participating in the Kids Classic *EAT FOR FREE!*

All kids guaranteed a great time! Face painting, characters and balloons.



AGE	DISTANCE
up to 4	50 yards
5 & 6	100 yards
7 & 8	200 yards
9 & 10	440 yards
11, 12, 13	one half mile

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Birth Date: _____ **Age (on race day):** _____ **Male:** _____ **Female** _____

Home Phone: _____ **Shirt Size (circle ONE - no exceptions):** Youth Sizes: **S, M, L**

Kids' Classic Entry Fee:

Early entry: postmarked before June 5 - \$13.00

Post entry: postmarked after June 5 - \$16.00

Entry Fee: \$ _____ **TOTAL**

Make checks payable to: The George Sheehan Classic

Mail to: GSC Kids - PO Box 7720 - Shrewsbury - New Jersey - 07702-7720

YOU MUST ENCLOSE A SELF ADDRESSED, BUSINESS SIZED, STAMPED ENVELOPE WITH EACH ENTRY.

FOR INFORMATION CALL: (732) 988-7725 website: www.sheehanclassic.org email: info@sheehanclassic.org

LIABILITY AND PUBLICITY RELEASE: (failure to sign with date will delay processing of your application.) Please accept my entry in the 2004 George Sheehan Classic Races/Walks. I hereby state I have conditioned myself to participate in the event I have chosen. I, for myself my executors, administrators and assignees, do hereby release and discharge the George Sheehan Classic, Inc, officials, sponsors, and volunteers from damages or injuries occasioned by my participation in The Sheehan Classic Races/Walks. I also authorize the Sheehan Classic, Inc. officials to utilize any photographs and video tape of my participation in The Sheehan Classic Races/Walks for any and all purposes. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby. Athletes who participate in this competition will be subject to formal drug testing in accordance with USATF rules and IAAF Rules 144. Athletes found positive for banned substances or refuse to be tested will be disqualified from this event and will lose eligibility for future competitions. Some prescriptions and over-the-counter medications contain banned substances. Information regarding drug and drug testing may be obtained by calling the USOC Hot Line at 1-800-233-0393.

Parent Signature: _____ **Date:** _____

In case of emergency notify: _____ **Phone:** _____

