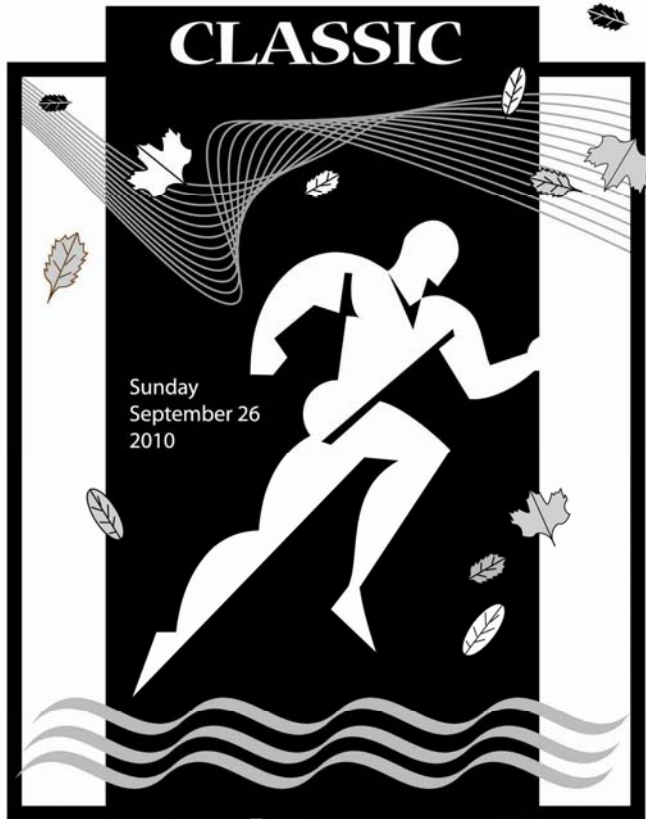


PHC RESERVOIR

CLASSIC



Sunday
September 26
2010

23rd Annual



Putnam Hospital Center Reservoir Classic

**Sponsored by Carmel- Kent Lions Club
Sunday, September 26, 2010**

Race sanctioned by Westchester Road Runners
*To promote health and fitness, to benefit
Putnam Hospital Center and to provide a
forum in which heart/physically
challenged patients can participate.*

TIME

8:00-9:15 am Check-in
9:00 am 2-Mile Fun Run/Walk
9:45 am 5-Mile Race
11:00 am Awards Ceremony

LOCATION

Five-mile road race and two-mile fun run/
walk will both start and finish at Putnam
Hospital Center on Stoneleigh Avenue in
Carmel.

You can also sign up on www.active.com.

Categories: ____ 14 and under ____ 15-18 ____ 19-29 ____ 30-39
 ____ 40-49 ____ 50-59 ____ 60 and older

Special Division: ____ Heart and/or physically challenged patient (with physician's consent)

Awards: First two males and females in each age division; first three overall (male/female) finishers.

T-shirts: First 200 entrants will receive commemorative T-shirt and race package.

ENTRY FEE: \$15 pre-entry fee if postmarked by September 17; \$20 day of race, \$10 for 14 & under.

Please make checks payable to Carmel-Kent Lions Club and mail to PO Box 576, Carmel, NY 10512.

NAME _____ **AGE** _____

(Day of race)

ADDRESS _____

CITY/STATE/ZIP _____ **TEL.#** _____

T-shirt: M ____ L ____ XL ____ **2-mile** ____ **5-mile** ____ **Male** ____ **Female** ____

In consideration of the acceptance of my entry, I, the below signed, intending to be legally bound, do for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the PHC Reservoir Classic, the Carmel-Kent Lions Club, and Putnam Hospital Center. I also give permission for the free use of my name and/or picture in any broadcast, telecast or other account of this event. I hereby represent that I am physically fit and trained for the completion of this event and further, that I understand the risk of running this event.

Signature _____

Parent/Guardian (if under 18) _____

For information, contact the Putnam Hospital Center Foundation Office at (845) 279- 5711, Ext. 3583.