



FISHERS ISLAND FIRE DEPARTMENT

P.O. BOX 123
FISHERS ISLAND, NEW YORK 06390

Peter D. Sanger Memorial Sea Stretcher Marathon REGISTRATION INSTRUCTIONS

1. As soon as you have your registration form, decide the Class you wish to enter. There will be the following Classes:
 - 1A: 1 mile for runners aged 12 or younger (starts at the library)
 - 1B: 1 mile for runners over age 12 (starts at the library)
 - 3: 3 miles (all ages) (starts near "four corners")
 - 5: 5 miles (all ages) (starts near Chocomount Beach Road)
 - 8: 8 miles (all ages) (starts at castle)
2. Because of the billing costs, the minimum total amount for EACH sponsor is \$2.00. You must PRINT the exact and complete NAME and HOME MAILING ADDRESS for each of your sponsors. You will not be required to collect from any of your sponsors; they will be billed soon after the marathon is completed.
3. The race is on the Sunday immediately before Memorial Day. Registration starts at 8 AM at the firehouse and the race starts at 9. BE SURE TO REGISTER EARLY ENOUGH TO ALLOW FOR TRANSPORTATION TO THE STARTING POINT FOR YOUR CLASS! Before registering, please make certain your form is completely filled out and signed, and that all information is clearly PRINTED. Also, be sure you know the race route for your Class.
4. Please do not enter a Class which is longer than you are reasonably capable of completing.
5. The purpose of this event is to provide safe, friendly exercise for as many people as possible while raising funds to help maintain and operate our ambulance boat, Sea Stretcher. No entry fees are charged, so please obtain as many pledges as possible.
6. All contributions qualify as tax-deductible as provided in section 170 of the Internal Revenue Code. Our Employer ID# is 060955180.
7. Trophies will be presented to the first-place male and female finishers for each Class.
8. Due to safety and liability concerns, no roller blades or bicycles can be permitted.

NOTE: ALL PARTICIPANTS please read the following statement and sign below:

I hereby waive and release any and all rights and claims for damages which I may have against the Fishers Island Fire Department, the municipality through which this event will take place, as well as any other person connected with the event, for any and all injuries I may suffer while taking part or as a result thereof.

Participant's signature

Parent's or Guardian's signature
(if participant is under age 18)

CLASS (CIRCLE ONE)

FISHERS ISLAND FIRE DEPARTMENT
 PETER D. SANGER MEMORIAL SEA STRETCHER MARATHON
 REGISTRATION AND LIST OF SPONSORS

1A 1B 3 5 8

RUNNER'S NUMBER
 (assigned on
 day of race)

RUNNER'S NAME (PLEASE PRINT) _____

STREET _____ CITY, STATE, ZIP _____

Sponsors will print their name and home address as in the sample below. One bill will be sent to each sponsor showing all runners sponsored and amounts due. Please make sure to PRINT LEGIBLY!!!

PLEASE PRINT ALL INFORMATION!!!

PLEASE PRINT COMPLETE HOME
 MAILING ADDRESS NEATLY!
 (IF FISHERS ISLAND, SHOW PO BOX)*

Each pledge must total
 \$2.00 or more.

SPONSOR'S NAME	MAILING ADDRESS (IF FISHERS ISLAND, SHOW PO BOX)*				per mile	total
M/M JOHN & MARY Q. PUBLIC	16	MAIN ST.	YOURTOWN	NY 12345	4	20

PRINT!! PRINT!! PRINT!! PRINT!! PRINT!! PRINT!! PRINT!! PRINT!!

18