

ATTENTION HIGH SCHOOLS !

ST. PATRICK'S 4-Mile RUN

SEVENTEENTH ANNUAL HARTIGAN HIGH SCHOOL CHALLENGE

Saturday, March 17, 2012

Start/Finish is at Coindre Hall Gymnasium

101 Browns Road, Huntington

For the 17th time, the TOWNWIDE FUND OF HUNTINGTON's St. Patrick's Run will feature a High School Team Challenge. Teams of 5 (five) runners may be entered in the 4-Mile race, with the top finishers from each high school, male and female, competing for the Hartigan High School Challenge Trophy.

Teams will be scored as in Cross Country - low total wins.

We make this available at a special fee of \$10 (ten dollars) per runner BUT, in hand after 3/10 will be \$15.00. Early entries will receive a T-shirt – hurry, because quantities are limited.

Further info: www.townwidedfund.org or (631) 271-3349

EACH INDIVIDUAL must submit a fully completed entry form **with the required signatures**.
Make as many copies as you wish. Make your TEAM entry on the form below.

You make your final declaration of team members on the race morning.

Coach, how about your own challenge to other faculty members? Other students? Have them come out for a fun morning. It's for a good cause, too. Actually, 20 good causes. The Townwide Fund of Huntington helps support 20 member agencies! **Note**, you DON'T need to get pledges or sponsors !

Defending champions: **Female = Commack High School** **Male = Archbishop Molloy**

High School TEAM Entry Form

High School: _____

Group name: _____ **Team:** ___ Male ___ Female

Nominations to be made on race day ~ Please list names AND run numbers.

	"A"	#	"B"	#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

ST. PATRICK'S RUN

ENTRY FORM

Mail to: **SUPER RUNNERS SHOP- 355 New York Ave., Huntington, NY 11743**

Forms available at: SUPER RUNNERS SHOP - 355 New York Ave., Huntington, NY 549-3006

I, the undersigned, hereby waive and release any and all rights and claims I may have against The Townwide Fund of Huntington, Inc., the Town of Huntington, the host facility and the sponsors for damages which I may have arising out of said event. I am physically fit and have trained for this race. The applicant warrants that "my physical condition has been verified by a licensed medical doctor." "Further, I hereby grant full permission to any and all of the foregoing to use any pictures, or any other record of this event for any purpose whatsoever."

If signed by a parent, that parent agrees to release and hold the above named organizations and persons harmless of any claims which may be asserted by or on behalf of the entrant.

Please Print

4-Mi HS Challenge

MALE FEMALE

Name _____

Address _____ Date of Birth ___/___/___ Race Day Age ____

Town _____ STATE _____ ZIP _____

Fee _____ Phone (____) _____ Email _____

Signature, **All entrants must sign** _____

Parent must sign if runner is under 18 years of age _____

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