## MISSION STATEMENT

The mission of CN Guidance and Counseling Services is to provide clinical treatment, rehabilitation, housing opportunities, social and support services, counseling and guidance to individuals, families and the community affected by mental illness, developmental disabilities, psychological difficulties, addiction and/or dependency problems.

> All proceeds from Runday will benefit CN Guidance and Counseling Services.

> For more information contact: Phone: 516-822-6111 ext 253 Fax: 516 -396-0553 **Email:** dmullarkey@centralnassau.org Website: www.cnguidance.org



Free FUNZUN for kids!



Hicksville, NY 11801





## **The Barbara Bartell**

MEMORIAL



Featuring a 10K, 5K and a fun run!

**Saturday, May 28, 2016** 

START TIME - 8:30AM FUN RUN - 8:00AM





Race Director - Carl Grossbard 950 South Oyster Bay Road, Hicksville, NY

# RUNDAY INFORMATION

#### DATE:

Saturday, May 28, 2016 (Rain or Shine)

## START TIMES:

10K and 5K Run: 8:30AM Sharp

Fun Run: 8:00AM Sharp (Ages 12 & under)

### COURSE:

5K or 10K (double loop) fast, flat course. USATF Sanctioned.

Timed results by Elite Feats.

#### FUN RUN:

1/2 mile run on straight course guided by cones and volunteers.

#### RULES:

For the safety of participants, no skates, rollerblades, strollers or animals permitted on the course.

## AMENITIES:

Nassau County Police Traffic Control, Split Time each mile, Three Water Stations on course, Additional Food and Beverages at end of race, Restroom Facilities and Massage. There will be a post-race drawing for prizes and gift certificates. One raffle ticket per entrant.

#### ONUNE REGISTRATION:

www.active.com

## REGISTRATION FEE:

(Until 5/24/16)

\$20 - 10K Run or 5K Run

\$1<mark>0 - 5K</mark> Teen Discount (16 & under)

FREE - Fun Run (12 & Under) \$25 - Day of fee for everyone

## DAY OF RACE CHECK-IN:

7:00AM - 8:00AM CN Guidance and Counseling Services parking lot

### CATEGORIES:

Male / Female 14 & under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70-74; 75-79; 80-84; 85-89; 90+; Masters; Wheelchair Athletes

#### AWARDS:

Top 3 Overall Male & Female receive trophies, Top 3 finishers in each age/gender group receive medals, All Fun Run participants receive medals.

## \$500 Grand Prize!

Thank you to our sponsors:





# **Barbara Bartell Runday Registration Form**

Please complete legibly. One form per participant.

Address:  City:	Name:			
Email:				
Email:			.e:	Zip:
Check One: □ 10K RUN □ 5K RUN □ KIDS FUN RUN  Special Category (check if applicable) □ Wheelchair □ Clydesdale/Athena Weight: □  Registration Fee: Includes T-shirt (size selection is based of availability). Please note your registration fee and fundrating efforts help Long Islanders in their time of need.  Adult (17 and older): \$20  Teen (16 and younger): \$10  Kids 12 and under for Fun Run: FREE  Day of race (all participants): \$25  Registration Fee Subtotal: \$ □ I wish to make a donation of: \$ □ I wish to make	Email:	Pho	ne:	
Check One: □ 10K RUN □ 5K RUN □ KIDS FUN RUN  Special Category (check if applicable) □ Wheelchair □ Clydesdale/Athena Weight:	Date of Birth:	Age race day:		
Special Category (check if applicable)  Wheelchair  Clydesdale/Athena Weight:  Registration Fee: Includes T-shirt (size selection is based of availability). Please note your registration fee and fundraining efforts help Long Islanders in their time of need.  Adult (17 and older): \$20  Teen (16 and younger): \$10  Kids 12 and under for Fun Run: FREE  Day of race (all participants): \$25  Registration Fee Subtotal: \$ I wish to make a donation of: \$  Check made out to CNGCS enclosed  Charge my credit card: □ Visa □ MC □ AMEX  Card #: CW  Exp. Date: Billing Zip Code:  Con Guidance & Counseling Services, Nassau County, The Town of Oyster Belite Feats, Long Island Track & Field and all race sponsors and volunteers: any and all injuries suffered by me in said event. I am physically fit and has sufficiently trained for the completion of this 10K or 5K, I am aware of the considerable risks of competing, and that my physical condition has be verified by a licensed medical doctor. Further, I hearby grant full permission to any and all of the foregoing to use any pictures, or any other record of the event for whatever purpose. If signed by a parent, the parent agrees release and hold the above organizations and persons harmless of any clair and/or rights which may be asserted on behalf of the entrant.	Sex: M/F			
Wheelchair Clydesdale/Athena Weight: Registration Fee: Includes T-shirt (size selection is based of availability). Please note your registration fee and fundraining efforts help Long Islanders in their time of need.  Adult (17 and older): \$20 Teen (16 and younger): \$10 Kids 12 and under for Fun Run: FREE Day of race (all participants): \$25  Registration Fee Subtotal: \$	Check One: □ 10K RUN	□ 5K RUN	□ KID	S FUN RUN
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I wish to make a donation of:  Total:  S  Total:  Check made out to CNGCS enclosed Charge my credit card: Visa MC AMEX  Card #:  Exp. Date:  Billing Zip Code:  Signature:  Date:  I hearby waive and release any and all rights and claims I may have agair CN Guidance & Counseling Services, Nassau County, The Town of Oyster B Elite Feats, Long Island Track & Field and all race sponsors and volunteers any and all injuries suffered by me in said event. I am physically fit and has sufficiently trained for the completion of this 10K or 5K, I am aware of toonsiderable risks of competing, and that my physical condition has be verified by a licensed medical doctor. Further, I hearby grant full permissi to any and all of the foregoing to use any pictures, or any other record of the event for whatever purpose. If signed by a parent, the parent agrees release and hold the above organizations and persons harmless of any clair and/or rights which may be asserted on behalf of the entrant.	availability). Please note y ing efforts help Long Islai Adult <i>(17 and older)</i> : Teen <i>(16 and younge</i> Kids 12 and under fo	our registranders in the \$20 er): \$10 or Fun Run:	ation fe eir time FREE	e and fundrais-
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Signature: (Guardian if under 18)	CN Guidance & Counseling Servi Elite Feats, Long Island Track & Fi any and all injuries suffered by n sufficiently trained for the comp considerable risks of competing verified by a licensed medical do to any and all of the foregoing to event for whatever purpose. If release and hold the above organ and/or rights which may be asse	ices, Nassau Co eld and all race ne in said even bletion of this : t, and that my octor. Further, I ouse any pictur signed by a p izations and pe erted on behalf	eunty, The e sponsors t. I am ph 10K or 5k physical hearby gl es, or any parent, th ersons hau	Town of Oyster Bay, s and volunteers for ysically fit and have c, I am aware of the condition has been rant full permission other record of this e parent agrees to rmless of any claims
	Signature: (Guardian if under 18)			
Date:	Date:			
Return to:		Return to:		

CN Guidance and Counseling Services 950 South Oyster Bay Road, Hicksville, NY 11801 **Phone:** 516-822-6111 ext. 253 • **Fax:** 516 -396-0553