



The 23rd Gary Mintz Memorial Pancake Run

for the benefit of the Brentwood High School Scholarship fund

Sunday, December 3, 2017



5K Competitive Run & 1.5K Fun Run/Walk

Time: 9:00 AM (both events)

Place: Brentwood HS – Sonderling

Registration and Check-in: 7:00 - 8:15 AM

Entry Fee for All Races: **\$20 by November 8, 2017.**

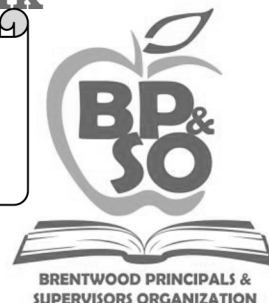
Entries **MUST** be postmarked by Wednesday, November 8, 2017.

*The cost is \$25 afterwards until the day of the race! Registration information call (631) 434-2204. Online and before Race Day registration ends Wednesday, November 29, 2017. Registration after this day must be at the race!

A complimentary PANCAKE BREAKFAST follows the race.

Memento to all pre-registrants. AWARDS TO TOP 3 IN EACH 5 YEAR AGE GROUPS

Please view our website for more information and directions
www.brentwood.k12.ny.us
click on district events
Gary Mintz Pancake Run



Register online at the follows website:
Just-In-Time-Racing.com

NAME: _____ PHONE # _____
Please print your name

Student ID#: _____

ADDRESS: _____
Please print your address

CITY, STATE, ZIP _____

Directions: Check (✓) all necessary info. Choose: I am _____ MALE _____ FEMALE

Please enter me in: _____ **5 K** (3.1 miles Competitive) _____ **1.5 K** (.93 mile non-Competitive)

+**Brentwood Student** [PLEASE CIRCLE ONE] : **ROSS, SOND, F.C., EMS, NMS, SMS, WMS**

+**GRADE:** [PLEASE CIRCLE ONE] : **6TH 7TH 8TH 9TH 10TH 11TH 12TH**

+Information **must** be entered for school Awards!

+**Brentwood Employee?** [YES or NO] **ADMINISTRATOR OR TEACHER Bldg.** _____

+ Information **must** be entered for employee/student Awards!

My birth date: _____ / _____ / _____ **T-Shirt Size:** **S M L XL 2XL**

AGE _____ **mm / dd / yr** [PLEASE CHECK (✓) ONE]

(day of run) *Application fee **MUST** be received by November 8, 2017 to guarantee Tee-shirt!

• Participates **MUST** be present for awards ceremony

Brentwood Alumni: [circle one]: Yes or No **Graduation Year:** _____

Brentwood Retiree: [circle one]: Yes or No **Retirement Year:** _____

Brentwood School Board Member [circle one]: Yes or No **Years Serviced/Serving:** _____

CHECK (✓) IF APPLICABLE: Male Wheelchair _____ Female Wheelchair _____

MAIL TO: Donna Fazio – Room 1401
Brentwood High School – Ross Center
1st Street South 5th Avenue
Brentwood, New York 11717

Postmark by Wednesday, November 8, 2017

Checks payable to:

Gary Mintz Memorial Scholarship Fund

Donations above application fee \$ _____



TEACHERS

In consideration of your accepting this entry, I, the undersigned intending to be legally bound, hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the Brentwood School District, the Town of Islip and the Suffolk County Police and their representatives, successors and assignees for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event and a licensed medical doctor has verified my physical condition. Further, I grant full permission to use any photographs, videotapes, motion pictures or any other record of this event for whatever purpose.

SIGNATURE (IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT) _____