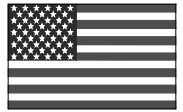




TEAM IRELAND presents the 22nd ANNUAL



shamrock Run



To Benefit

Caring Hands Soup Kitchen

at the Clinton Avenue United Methodist Church

Sunday, March 14th, 2010 — 12:50 p.m. (sharp!)

Academy Green, Kingston

Flat, Fast and First Class — Only 2 miles

START: Academy Green, Kingston, 12:50pm sharp

FINISH: at the foot of Broadway

ENTRY FEE: Prior to March 1st: \$10.00. On or after March 1st: \$15.00

Check in and Race Day Registration 10:30 a.m. – 12:30 p.m.

Across from Academy Green at Gov. Clinton Apartments, 1 Albany Ave.

Team pick-up by ONE person at Team Table ONLY.

POST RACE PARTY: 1:30 pm at the Rondout Neighborhood Center, 105 Broadway, Kingston

PRIZES: Randomly drawn from all registered runners.

Long sleeve T-shirt for first 2500 registrations postmarked by March 1st.

You must have a race number and be present to win.

\$1.00 of each registrant fee to benefit Caring Hands Soup Kitchen

Major Sponsor

Ryan & Ryan

INSURANCE BROKERS INC



www.shamrockrunners.org

MAIL REGISTRATION FORM

AND CHECK PAYABLE TO:

SHAMROCK RUN

c/o Ryan & Ryan Insurance Brokers, Inc

400 Stockade Drive

Kingston, NY 12401-3874

Please Do Not Staple Checks



shamrock RUN

sunday, march 14th, 2010

This Year's Goal: 3500 Runners

Last Name _____ First Name _____ Email _____

Mailing Address _____ Street _____ Phone _____

City _____ State _____ Zip _____

Trophy for School with largest number of entrants **PRE-REGISTERED**

Team Registration: Send race forms and fees together. One person picks up T-shirts for team. Individual T-shirts will only be given to individual registrants.

Exact Name of School _____ Contact Person _____ Phone _____

For group entries or questions, please call (845) 340-0001

No refunds, exchanges, or transfers. No animals will be permitted to accompany the runners.

In consideration of accepting this entry, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Ancient Order of Hibernians, Team Ireland, the City of Kingston Parks and Recreation Department, the City of Kingston, and any and all sponsors, and their representatives, successors and assigns for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and my physical condition has been verified by a licensed medical doctor.

An additional \$1.00, \$5.00, \$10.00, other \$ _____
to benefit Caring Hands Soup Kitchen

(Hey, dont forget to sign your registration form!) _____

Please bring a can or box of dried food for donation to a local Ulster County Food Pantry to the race! Help us end hunger here in Ulster County
ID Required for post race party.