

SELF-TRANSCENDENCE 10 KM RUN – LAKE WELCH BEACH IN HARRIMAN STATE PARK, NY SUNDAY, 13 SEPTEMBER 2015 – 10:15 AM

Please submit one form per participant. You must **PRINT LEGIBLY** and complete all information.

THE EVENT

The Self-Transcendence 10K Run consists of a a 10 km run (on paved surface) within Lake Welch in Harriman State Park, Bear Mountain, NY. Join us at Lake Welch Beach on Sunday, 13 September 2015 for a short and friendly race you will absolutely love. Runners of all fitness levels are warmly welcome. Sponsored by the Sri Chinmoy Marathon Team in conjunction with the NYS-OPRHP System.

INFORMATION

<http://us.srichinmoyraces.org/events/nyswimrun>

CONTACT US:

Telephone:
(516) 710-8084

e-mail:
nyswimrun@srichinmoyraces.org

- Post-race picnic
- Free race T-shirts (official entries only)
- Aid stations every 3 km

Awards

- Men and Women
 - Top 7: Open
 - Top 3: 50-59
 - Top 2: 60-69
 - Top 1: 70 and over
- Relay Teams: Top 3
- Awards ceremony at 12:00 pm on race day.

How to Enter

By Mail Self-Transcendence Swim/Run
150-47 87th Avenue
Jamaica, NY 11432-3309

Cost of Entry Official Entries • Free T-shirt included
\$35.00 Individuals

Race Day Entries • T-shirt subject to
availability
\$45.00 Individuals

Entry Deadlines

Official entries close 4 September 2015.
No entries accepted between 5 September & 12 September.
Number pick up and day-of race registration from 8:15 am – 9:30 am on race day, 13 September 2015.

Refunds –

Refunds (minus \$5.00 processing fee) will be made if withdrawal is received in writing or by e-mail by 4 September (nyswimrun@srichinmoyraces.org).

You are not allowed to transfer your entry to another

Driving Directions

- **From New York, Westchester and Connecticut:** Take I-287/I-87 over Tappan Zee Bridge to Palisades Parkway North: Exit 16.
- **From New Jersey:** Take Palisades Parkway North to exit 16.
- **From North of Harriman:** Take I-87 South to Exit 16. Route 6 East to the Palisades Interstate Parkway South to Exit 16.

OFFICIAL ENTRY FORM

Please make checks payable to Sri Chinmoy Marathon Team.

Male Female

T-shirt size sm med lg xl

Family Name _____ First Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Country if not USA _____ Date of Birth _____ \ _____ \ _____ Age on race day _____
Month Day Year

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____