



ROCKLAND ROAD RUNNERS PRESENTS THE 34th ANNUAL



BRIDGES
REMOVING BARRIERS, ADVANCING AUTONOMY



CITRINCOOPERMAN
FOCUS ON WHAT COUNTS



Orange & Rockland

SnowFlake 5k



Duke of Oil & Tune

The Cairo Family

The Skin Center
Dermatology Group,
Dr. Peter Friedman

Angel Ortiz

Leonard
Goldstein

Gaga & Boppy

The
Humphrey
Family



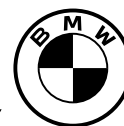
5 MILE TURKEY TROT

for the Marisa Fund

Bernie & Eileen
Casserly

The
Treadaway
Family

Robin & Andy
Ackerman



SUFFERN
MOUNTIES

Jordyn Seidenfrau

Hearing
Solutions
of Rockland

A CHARITY AFFILIATED WITH THE CHILDREN'S CANCER FUND

Thanksgiving Day, November 27th, 2025 - 8:30 AM



**PRE-RACE REGISTRATION
SHIRT & RACE NUMBER
PICKUP**

Mon, Tues, & Wed
Nov 24, 25, 26
12 noon - 8 pm

Bridges
2nd Floor, Palisades Center
One floor up
from Best Buy



WHERE: Start & finish at Rockland Lake State Park, Congers, NY (north parking lot #1)

COURSE: First 2 miles are rolling hills, last 3 miles are flat (USATF certification #NY18091JG)

RACE DAY SCHEDULE: Race Starts at 8:30AM - Wheelchairs start at 8:15AM

AWARDS: Top 10 m/f overall 10 & under, 11-15
Top 3 m/f overall 16-19, 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+
Top 3 overall Wheelchair Division (pushrim & handcrank)

Long-sleeve shirts to all who pre-register before Nov. 19th.

**IN PERSON REGISTRATION AT BRIDGES. RUNNERS WHO REGISTER AT BRIDGES
WILL RECEIVE SHIRTS ON A FIRST COME FIRST SERVE BASIS. - NOV 24, 25, 26**

FEES: \$35 - Early Bird (register before Sept 1)
\$40 - General | \$25 - RRR members | \$20 Senior (65+)

QUESTIONS? Call 914-522-3890 or email turkeytrotdirector@rocklandroadrunners.org

ON LINE: Register at www.rocklandroadrunners.org/turkeytrot

RACE RESULTS: Posted Next Day

***Join the Thanksgiving spirit!**

All participants are requested to bring nonperishable food for our annual food drive to Rockland Lake.
All collected food will be given to "PEOPLE TO PEOPLE" for families in need throughout Rockland County.

**No
Pets
Allowed**

**No
Race Day
Registration!**

HAPPY THANKSGIVING!

FIRST NAME: _____ LAST NAME: _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

STREET ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

E-MAIL _____ @ _____ AGE ON RACE DAY: _____ BIRTH DATE: _____

SHIRT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ X-LARGE ☐ 2XL ☐ 3XL

Entry Amount Enclosed: ☐ \$35 Early Bird (before 9/1) ☐ \$40 ☐ \$25 RRR members Membership #: _____ ☐ \$20 Senior - Age 65+

- ☐ I would like to join the Rockland Road Runners. I have enclosed a separate check of \$30 for membership.
☐ I/My business/corporation would like to be a sponsor for next year's Turkey Trot. Please contact me.

Make checks payable to: RRR **Mail entry form to:** Turkey Trot c/o RRR, P.O. Box 132, Congers, New York 10920

WAIVER MUST BE SIGNED

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete or assist in the event. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat, humidity, extreme cold, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for participation, I for myself and anyone entitled to act on my behalf, hereby waive and release the Road Runners Club of America, the Rockland Road Runners, the Palisades Interstate Park Commission, Town of Clarkstown, County of Rockland, People to People, Rockland County Policy Hispanic Society, New York State Police, Super Race Systems and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that bicycles, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline. I also grant permission to the event organizers to use or authorize others to use any photographs, motion pictures, video, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

ABSOLUTELY NO REFUNDS, EXCHANGES, OR TRANSFERS.

Signature: _____ Date: _____ Parent's Signature (if under the age of 18): _____

Contribute to a Cure

100% of your donation supports cancer research and suffering children and families.

The Marisa Fund is a team of volunteers who aren't paid a salary, nor pursue rich promotional or advertising campaigns. We keep expenses to a minimum so every dollar you give makes a difference.

Supporting Research

The Marisa Fund is dedicated to wiping out pediatric cancer in our lifetime...join us in the fight!

Helping Families

The Marisa Fund provides financial assistance to families of children with cancer when insurance is not enough and they are unable to meet the high cost of care

Support Your Favorite Runner

or get others to support you and help us to help kids with cancer by signing on to our donation page at

MarisaFund.org



\$1.00

A \$1 donation could be THE dollar that finds a cure for childhood cancer and puts an end to the suffering of sick children.

\$10.00

A \$10 donation pays for one hour of babysitting and allows mom and dad to take their child for chemotherapy while the healthy child remains at home.

\$25.00

A \$25 donation pays for one way transportation to the hospital or home from school for a sibling of a sick child.

\$100.00

A \$100 donation pays for basic groceries for a family whose dollars are spent on treatment, leaving no budget for food.

\$250.00

A \$250 donation helps pay for an iPad so family members can FaceTime with a sick child that can't be at home.

\$500.00

A \$500 donation pays for 1-2 hours of research with the top Oncology professionals in our country.

Want to donate by mail? No problem!

Donations can be made by mail by sending your check to:

**The Marisa Fund
C/O David Goldwasser
3309 Leeward Drive,
Haverstraw, NY 10927**

Please make checks payable to The Marisa Fund



CITRIN COOPERMAN
FOCUS ON WHAT COUNTS



Hearing Solutions of Rockland



Brook Valley Podiatry



**The Skin Center Dermatology Group,
Dr. Peter Friedman**



Centerock Podiatry
specializing in foot and ankle care

County of Rockland
Office of the County Clerk

Mom, Dad, Max & Noah



Dr. Peter Costa
North Rockland Podiatry



Carol and Bill Carpenter

Gaga & Boppy



new city chiropractic



Bronx Kids Pediatrics



DAVID CARLUCCI CONSULTING



Hearing Solutions of Rockland



SUFFERN MOUNTIES



The Pflaum Family



Jonathan, Kristen, & Riley Mitchell S. Cairo, MD.



snowflake 5k



Better Family



The Ophir Family



Bernie & Eileen Casserly



Howie Martin



Kimberg Family



Kirby & Buster



Orange & Rockland



Robin & Andy Ackerman



Scott Sanders, MD DERMATOLOGY



SUFFERN MOUNTIES



DAVID'S BAGELS & HEALTHY EATERY



Kathleen Daly



Jonathan, Kristen, & Riley Mitchell S. Cairo, MD.



KNIGHT CONSTRUCTION, INC.



Stop & Shop



BRONX HOUSE



Kevin Stokes Excavating, Inc.



Iturbe Family



Endick Family



The Mitchell Family



Aydin & Ella BOUTIQUE



Ed Rosenblum



Mike Angarola



Bill Sherry



Mom, Dad, Ella & Molly



citibank OF NEW CITY



Lenny Sullivan



The Treadaway Family



The Worms Family



GARY'S GUTTER SERVICE, INC.



Retro Fitness



Tommy Gannon



Nadine Kohn



Rich, Sophia & Anthony Fernandez



The Fariello Family



TAPPAN FIRE DEPT. N.Y.