

# 51<sup>st</sup> Belmont Ten Mile Road Race

Belmont, NH - Saturday August 10, 2019

Celebrating the Town of Belmont's Sesquicentennial (150<sup>th</sup>)

**Time:** 8:30 am SHARP

**Certified Distance & #:** Ten miles - #NH13006RF - Sanctioned by USA Track and Field

**Registration:** At Belmont Middle School. Arrive by 8:00 am for final registration and number.

**Entry Fee:** **\$18.00** Registration – Race and T-shirt  
(Request for a specific t-shirt size must be received by July 23)



**Make checks payable to "Belmont Old Home Day Committee"**

**Awards/Presentations:** Division prizes, race results, and remaining awards presented as soon as possible once the last runner crosses the finish line and places are official. Ceremony will be held near finish line.

**An Open Race:** Start on Concord Street, Finish near Town Hall on Main Street

**For More Information:** Contact **Jeff Roberts** (603) 491-0979 or **Gretta Olson-Wilder** (603) 998-3525  
**Email questions to [events@belmontnh.org](mailto:events@belmontnh.org) or [csrjar@gmail.com](mailto:csrjar@gmail.com)**

**Directions to Race:** Belmont is located on Rte.140, just west of Rte.106 & five miles east of Exit 20 off Interstate 93

**Computer Timing:** By Yankee Timing Company/3C Race Productions

Detach and mail entry form below to: Jeff Roberts, Belmont Road Races, PO Box 922, Belmont NH 03220

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IN CONSIDERATION OF YOU ACCEPTING THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE SPONSOR, BELMONT OLD HOME DAY ASSOCIATION, USA TRACK AND FIELD, OR THE TOWN OF BELMONT, THEIR REPRESENTATIVES, SUCCESSORS AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME IN SAID MEET. I UNDERSTAND THAT ATHLETES WHO PARTICIPATE IN THIS COMPETITION MAY BE SUBJECT TO FORMAL DRUG TESTING IN ACCORDANCE WITH USATF RULES AND IAAF RULE 144.

NAME (Print) \_\_\_\_\_ NAME (Signature) \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RUNNER (Circle) Male or Female

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CLUB/SCHOOL/TEAM: \_\_\_\_\_ T-SHIRT Size S M L XL XXL (If ordered prior to July 23)

USATF # \_\_\_\_\_

PLEASE ENTER ME IN THE RACE BY THE FOLLOWING AGE GROUP (Check appropriate category)

\_\_\_ HIGH SCHOOL through 18 \_\_\_ 19 through 29 \_\_\_ 30 through 39 \_\_\_ 40 through 49 \_\_\_ 50 through 59  
\_\_\_ 60 through 69 \_\_\_ 70 +

**MAIL COMPLETED FORM AND PAYMENT TO:**  
**JEFF ROBERTS, BELMONT ROAD RACES, PO BOX 922, BELMONT NH 03220**  
**OR DROP OFF AT BELMONT TOWN HALL**