



COW PIE (10-MILE) RELAY RACE

Belmont, NH - Saturday August 13, 2016 at 8:30 am SHARP

- Certified Distance & #:** Ten miles - #NH15007TY - Sanctioned by USA Track and Field
- Registration:** At Belmont Middle School. Arrive by 8:00 am for final registration, batons and numbers.
- Team Entry Fee:** **\$54.00** Race and T-shirt for each team member.
(Request for a specific t-shirt size must be received by July 25)
Make checks payable to "Belmont Old Home Day Committee"
- Course:** The relay is a 10-mile race for 3-person teams with competition in Male, Female, and Co-Ed categories. All legs approximately 3.3 miles each.
- Awards/Presentations:** Awards and race results 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 St. (near Eero Drive), Finish near Town Hall on Main St.
- 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
- For More Information:** Contact **Jeff Roberts** (603) 491-0979 or **Gretta Olson-Wilder** (603) 998-3525
Email questions to events@belmontnh.org or csrjar@gmail.com

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

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.

TEAM NAME _____ **DIVISION** (Circle) Male Female Co-Ed

1st NAME (Print) _____ **NAME** (Signature) _____ **AGE** _____ **USATF #** _____

TELEPHONE # _____ **DATE OF BIRTH** _____ **RUNNER** (Circle) Male or Female

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

T-SHIRT Size S M L XL XXL (If received by July 25)

2nd NAME (Print) _____ **NAME** (Signature) _____ **AGE** _____ **USATF #** _____

TELEPHONE # _____ **DATE OF BIRTH** _____ **RUNNER** (Circle) Male or Female

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

T-SHIRT Size S M L XL XXL (If received by July 25)

3rd NAME (Print) _____ **NAME** (Signature) _____ **AGE** _____ **USATF #** _____

TELEPHONE # _____ **DATE OF BIRTH** _____ **RUNNER** (Circle) Male or Female

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

T-SHIRT Size S M L XL XXL (If received by July 25)

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