DERBYSHIRE ATHLETIC ASSOCIATION

PRIDE PARK OPEN RELAYS

Incorporating the Derbyshire Road Relay Championships

(NO ADDITIONAL ENTRY FEE BUT ALL ATHLETES MUST HAVE A COUNTY QUALIFICATION)

(UKA Licence applied for)

(Under UKA Rules)

Monday 27th July 2009 Commencing 7-15pm

1st claim runners only. All athletes must be age 15 yrs or over on the day

Men 4 Legs x 2 Mile (approx) **Ladies 3 Legs x 2 Mile (approx)**

ENTRIES TO;
M. Bannon,
4 Devizes Close,
Chesterfield S40 2UL

AWARDS

Men 1st 2nd 3rd Teams (Plus fastest leg)
Ladies 1st 2nd 3rd Teams (Plus fastest Leg)
Masters 1st 2nd Mens Teams and 1st Ladies Team

SAE for directions and map if required. Note: Numbers issued on the day.

Competition Number(URN)	Name	Sex M/F	Age on Race Day		Derbyshire County Qualification, ie: Birth/Residence/HMF(Please state)

ENTRIES CLOSE 20th July **After this date Entries for open event only, subject to £2 extra.**

Note: please make cheques payable to Derbyshire A.A.

Entry Fees **Mens 4x 2Mile £20 Per Team (Less £2 for each affiliated runner.)**
Ladies 3x 2 Mile £15 Per Team (----------Ditto----------)

Entry Fees

Please enter team(s) in _____Open Mens Event Mens County Champs _____ £_____
Please enter team(s) in _____Open Womens Event Womens County Champs_____ £_____
(Late Entry £2) £_____
Name……. Club…… Total £_____

Contact Address……

……Post Code……

Telephone No:…….. Position in Club……Date……..……

DERBYSHIRE ATHLETIC ASSOCIATION

County Road Relay Championship Entry Form

(ALL ATHLETES MUST HAVE A COUNTY QUALIFICATION)

(UKA Licence applied for)

(Under UKA Rules)

Monday 27th July 2009 Commencing 7-15pm

1st claim runners only. All athletes must be age 15 yrs or over on the day

Note: All Competitors must be entered in the Pride Park Relays

ENTRIES TO;
M. Bannon,
4 Devizes Close,
Chesterfield S40 2UL

Men 4 Legs x 2 Mile (approx) **Ladies 3 Legs x 2 Mile (approx)**

AWARDS
Men Ladies and Masters 1st 2nd 3rd Teams

Entries Close 20th July 2009

No late entries accepted

Competition Number(URN)	Name	Sex M/F	Age on Race Day		County Qualification, i.e. : Birth/Residence/HMF (Please state)

Please enter team(s) in _____Mens County Champs Event
Please enter team(s) in _____Ladies County Champs Event

Name……. Club……

Contact Address……

……Post Code……

Telephone No: ……. Position in Club……Date……..……