



2010 Shannon Medical Center Trail Running Series

~~Trail Race #1 - 10K / 5K
Saturday, January 23
Middle Concho Park~~

Trail Race #2 - 12K / 5K

Moderate level course
Saturday, February 6
Middle Concho Park

Trail Race #3 - 15K / 5K
Saturday, February 20
San Angelo State Park

Sign up for a
3-race series &
get a FREE
T-shirt!

- Mail-in or Online pre-registration available
- Race day registration begins at 7AM
- Race START at 8AM regardless of rain, shine, wind, snow or water!

2010 SARL Members,
Sign up for
3-race long course
series to receive
an \$8 discount!

Cost

- 2010 SARL Member: \$8
- Non-Member Fee: \$10
- ASU Students/members: \$5
- Each 5K: \$5

Long Course Scoring

Long courses: 10K, 12K & 15K races

Each race: Top 3 Female/Male awards

Series: Female and Male Overall, & top 3 by age
division: 15-29, 30-39, 40-49, 50-59, 60+

Awards **based on results for three races**
based on overall finishing order in each
race, ex. 1st = 1 point & 5th = 5 points.

"Did not Start" or "Did not Finish" in a race
receives 1 point more than last overall
finisher.

Short Course Scoring

Short courses: 5K races at each run

Same scoring as long course, based on 5K results



REGISTER Online at:

[https://event-manager.compete-at.com/Manager/club/home.do?
clubcntxt=sanangeloroadlizards](https://event-manager.compete-at.com/Manager/club/home.do?clubcntxt=sanangeloroadlizards)

OR

MAIL-IN REGISTRATION AVAILABLE ON NEXT PAGE

Questions? Contact:

Mike Buck at 325-812-1561, or
Ruthie Kreuzer at 325-212-9361,
or email:
sanangeloroadlizards@gmail.com



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Trail Running Series

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~~Saturday, January 23, 2010
Middle Concho Park~~

Trail Race #2 - 12K / 5K

Saturday, February 6, 2010
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Trail Race #3 - 15K / 5K

Saturday, February 20, 2010
San Angelo State Park

2010 Shannon Medical Center Trail Running Series #2

Mail-in Registration

or **ONLINE REGISTRATION AT:**

<https://event-manager.compete-at.com/Manager/club/home.do?clubcntxt=sanangeloroadlizards>

PRIZES

Top 3 M/F certificates each race
&
10/12/15K series winners
5K series winners
on 20 Feb
(Overall, ASU & Age Div)

Check one box/circle that applies

- | | |
|---|-------|
| <input type="checkbox"/> Long Course Race #2 - 10K run, non-SARL member | Price |
| <input type="checkbox"/> Long Course Race #2 - 10K run for ASU student/faculty or Staff | \$10 |
| <input type="checkbox"/> Long Course Race #2 - 10K run for 2010 SARL member | \$5 |
| <input type="radio"/> Short Course 5K Race #2 | \$8 |
| | \$5 |

Series registration (free T-Shirt) --- ASSUMES you already paid for race #1.

- | | |
|--|------|
| <input type="checkbox"/> Long Course 3-race (10/12/15K) Series for non-SARL members | \$20 |
| <input type="checkbox"/> Long Course 3-race (10/12/15K) Series for ASU student/faculty/staff | \$10 |
| <input type="checkbox"/> Long Course 3-race (10/12/15K) Series for 2010 SARL member | \$16 |
| <input type="radio"/> Short Course 3-race (5K) Series | \$10 |

..... Add additional T-Shirt(s) for \$15 each \$15

Amount Enclosed: _____

T-shirt Size: S M L XL

Mail form and entry fee to:

San Angelo Road Lizards
PO Box 2851
San Angelo, TX 76902

SEX: M or F

AGE: _____
(on January 23, 2010)

**ASU
Student/
Faculty/Staff:**

Yes or No

Questions? Contact:

Mike Buck at 325-812-1561, or
Ruthie Kreuzer at 325-212-9361,
or
email:
sanangeloroadlizards@gmail.com

Name _____

Address _____

Phone _____

Emergency Contact Name and Number _____

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run 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 the run. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, effects of the weather (including heat and humidity), traffic and road conditions, and all other known risks by me. Having this waiver and knowing these facts on my behalf, waive and release the San Angelo Road Lizards, City of San Angelo, RRCA, race officials, volunteers, and all sponsors, their representatives and successors, from all claims and liabilities of any kind arising out of my participation in this event.

Signature _____

Date _____

Signature of Parent or Guardian if Participant is Under 18 _____

Date _____

