



Olde Salem Greens Snowshoe Classic

Saturday, January 8, 2011

Hosted by the City of Salem Park, Recreation & Community Services Department

- Time:** Registration will open at 9 a.m.; **10 a.m. start time.** Immediately following the completion of the race, there will be a free dash for children under the age of 12. Please bring snowshoes, as they will not be provided or available to use for the kids dash.
- Entry Fee:** \$12 pre-entry; \$15 day of race. Mailed entries must be received by Thursday, January 6.
- Awards:** Top 3 males and females overall and first male/female: 19 & under, 20-29, 30-39, 40-49, 50-59, 60 & up.
- Course:** The race will begin and end at Olde Salem Greens Golf Course, 75 Wilson Street in Salem, Mass. The course will be approximately 5k and include both double and single-track trails. Timing will be provided by 3C Race Productions. In the event of poor snow conditions, the race will be a trail run.
- Snowshoes:** To reserve snowshoes, please be sure to circle "YES" on the form below. A limited number of loaner snowshoes will be available courtesy of Dion Snowshoes on a first-reserved, first-served basis. There is a \$5 reservation fee, payable to Dion Snowshoes, on race day. Do not include the \$5 with your entry. You will be contacted at a later date to discuss details.

The first 75 registrants will receive a pair of custom- designed, action-performance wool socks.
Awards will be provided to age category winners, courtesy of www.salemroadraces.com.

Please contact Eileen Dunn at edunn@salem.com or (978) 744-0180, ext. 20 with questions.

In consideration of this entry being accepted, I hereby, for myself, heirs, executors and administrators, waive and release any and all rights and claim for damages I may have against the City of Salem Park, Recreation & Community Services Department, Salem School Dept., Salem High School and the City of Salem for any and all injuries suffered at said event, while traveling to or returning therefrom.

Name _____ Age _____ Male _____ Female _____

Address _____ City, State & Zip _____

Telephone _____ E-mail _____

Team Affiliation _____ Shoe Size: _____ (Sizes not guaranteed)

Request to reserve snowshoes (please circle): YES NO

Signature (Parent/Guardian signature required if under 18 years of age) _____ Date _____

Please make checks payable to:
Salem Park, Recreation & Community Services
5 Broad Street
Salem, MA 01970