

West Valley Track Club Presents the 34th Annual Christmas Relays

Lake Merced, San Francisco
4 person teams 4.5 miles per leg
SUNDAY DECEMBER 16, 2007

LOCATION: Start/Finish and all exchange points at Sunset Circle Parking Lot (Sunset Blvd. at Lake Merced)
START TIME: All teams start at 9 a.m.
DISTANCE: Each of 4 members runs one 4.464 mile leg. OK to run one leg on more than one team.

REGISTRATION: Early entry fees: \$88 per team with long-sleeve shirt \$68 team with no shirt if entry postmarked by December 8. \$88 team late registration with no shirt. **AFTER DEC 8** only race day (starting at 7:30 a.m.) or online entries (**ALLSPORTcentral.com**) allowed. **IMPORTANT:** Divisions B & C, deduct \$1 per runner; and Division U deduct \$2 per runner from amounts listed above for pre-registered entries. Late entries must register after 7:30 a.m. on race day. **DIVISION RULES:** Team members may be changed after entry is submitted (within same division) but Division Changes must be made at Registration (bring old set of #s with you!). During the race, substitutions may be made if they do not change division status. Changes in division status must be reported at the finish and will result in placement in the OPEN division. **WOMEN** may compete in any of the divisions. Age on December 16 determines division, except Juniors as described below. **AWARDS:** \$2500 PAUSATF GRAND PRIZE AWARDS. RIBBONS to all finishers. AWARDS to all members of top division teams. RAFFLE: Merchandise awards.

Books for South Africa *Books for South Africa will be accepting both used and new children's books (as well as monetary donations) for impoverished areas in South Africa. Part of your entry fee will help cover the cost of shipping these valuable books. Thanks for any help you can provide!*

RETURN TO: Send Entry fees (non-refundable, non-transferable) with completed forms to: Christmas Relays, c/o Marc Lund, 1433 Norman Drive, Sunnyvale, CA 94087 (**checks payable to West Valley TC**). Enclose self addressed envelopes with adequate postage to receive #s, or pickup raceday. FAX credit card entries to (650) 960-6993. FOR INFORMATION: TONY FONG (510) 865-4605 (evenings).



RoadID™
Be seen wearing it.



RUNNER'S WORLD

PRIZES IN THE FOLLOWING DIVISIONS :

DIVISION	RESTRICTION	CODE
OPEN	No restrictions	OPEN
Women's Open	No age restrictions	B
Junior Girls	Born 1988 or after	C
Junior Boys	Born 1988 or after	N
Sub-Masters Men	30 years or older	F
Sub-Masters Women	30 or older	X
Masters Men	40 years or older	H
Masters Women	40 years or older	R
Senior Men	50 years or older	L
Senior Women	50 years or older	T
Men 60-Plus	60 years or older	K
Women 60-Plus	60 years or older	J
14 & Under	Mixed or same-sex	U
Family	At least 3 from same family	E
Couples	2 males, 2 females	S
Corporate Open	At least 20 hrs./wk. at one firm	A
Corporate Women	Same as above	W
Law Enforcement	(members must be from the same jurisdiction; active or reserves - police, fire, CHP, Sheriff's Dept., national park, etc. Military police okay, if from the same facility)	Y

For Division records and number of awards per division, visit www.westvalleytc.org

INCOMPLETE FORMS CANNOT BE PROCESSED

WAIVER: In consideration of your acceptance of our entry, we, intending to be legally bound, hereby for ourselves, our heirs, executors and administrators, waive and release forever, any and all rights and claims or damages we may accrue against USAT&F, West Valley TC, Inc., the City and County of San Francisco, the San Francisco Parks and Recreation Dept., and any and all sponsors of this event, their successors, representatives and assigns, for any and all injuries suffered by our team while traveling to and from, and while participating in the 2007 Christmas Relays.

Date _____ Team Representative (over 18 yrs.) _____

(Signature required for team waiver; must be of credit card holder if applicable)

TEAM NAME:

If the club or organization enters more than one team in a division, follow the name by an appropriate designation, such as "A" Team or another unique name.

Circle Division Code: OPEN A B C E F H J K L N R S T U W X Y

Please bill my: MasterCard Visa Account Number _____ exp. _____ amt. \$ _____

LIST TEAM MEMBERS --Note: Names may be changed on raceday.

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

**RACE NUMBERS WILL BE MAILED TO PRIMARY CONTACT
PUT ADDRESSES ON BACK OR ON FAX COVER SHEET FOR RESULTS**

CREDIT CARD HOLDER INFO (or race packet recipient -- enclose SASE):

Name: _____

Address: _____

City: _____

State/Zip: _____

Ph: () _____ H or W

e-mail: _____

OFFICIAL USE ONLY