

YOUTH ASSOCIATION CROSS COUNTRY CHAMPIONSHIPS



2023 Junior Olympic Qualifier

Bethpage State Park, NY

Sunday, November 12th, 2023 at 8:30am

Dedicated to the Memory of Pat Petersen

The race will take place on the high school cross country course. Starting times of all races are approximate.



<u>Start Time</u>	<u>Age Group</u>	<u>Distance</u>
8:30 am	Open & Masters	8k
9:30 am	17/18 (2005 - 2006)	5k
	15/16 (2007 - 2008)	5k
10:00 am	13/14 years (2009 - 2010)	4k
10:30 am	11/12 years (2011 - 2012)	3k
	9/10 years (2013 - 2014)	3k
10:45 am	7/8 years (2015 - 2016)	2k



Entry Fee

Pre-Registration: \$10.00 for USATF Members & \$12.00 for Non-members

Pre-registration must be received, no later than November 10, 2023.

Day of Race: \$12.00 for USATF Members & \$15.00 for Non-Members

Day of Race registration closes at 8:00 a.m.

Make checks payable to: LITF

Mail application to: USATF-LI X-C Challenge 1988 Bergen Street Bellmore, NY 11710

Awards

Association Championship Medals awarded to first five overall Males & Females in: Youth races & age groups.

Results: elitefeats.com/Results

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For further information contact: Alex Cuzzo, 516-652-3555, president@longisland.usatf.org

Directions: Take US 495 to I-135 (Seaford/Oyster Bay Expressway). The park entrance is at exit 8, Powel Ave/Plainview Road.

FIRST NAME _____ LAST NAME _____
AGE ON RACE DAY _____ DATE OF BIRTH _____
MALE FEMALE 5k 4k 3k 2k
USATF # _____ TEAM AFFILIATION _____ e-mail: _____
ADDRESS _____ PHONE _____
TOWN _____ STATE _____ ZIP _____

I, the undersigned, intending to be legally bound hereto, for myself, my heirs, executors and administrators, waive, release and hold harmless the USATF-LONG ISLAND, All Round Foods, Foundation Running Camps, & ELITEFEATS, INC. for any and all liabilities, claims, demands and causes of action whether or not arising in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of the event, and that a licensed Medical Doctor has verified my physical condition. Further, I hereby grant permission for USATF and its Long Island Association to use photographs, videos, motion pictures, recordings and any other visual and/or audio record of this event for any purpose whatsoever.

SIGNATURE _____ Date: _____

If under 18, signature of parent or guardian _____

Sanctioned & Officiated by USATF-Long Island