

2024 OPEN & MASTERS ASSOCIATION

Dedicated to the Memory of Pat Petersen



8K CROSS-COUNTRY CHAMPIONSHIPS

Bethpage State Park, NY

Sunday, November 10th, 2024 at 8:30am

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

Entry Fee

Pre-Registration: \$13.00 for USATF

Members

\$15.00 for Non-members

Pre-registration must be received no later than November 8, 2024.

Day of Race: \$15.00 for USATF Members

\$20.00 for Non-Members

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



Results: elitefeats.com/Results

Awards

Championship Medals: Top **3** Overall Male & Female

Open & Masters Individual Age Group Awards: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90+

Team Awards*: Top **3** teams - Male and Female, Open, Masters (40-49 & 50-59), Seniors (60+). * USATF Registered teams - Open Men - 5 score; Open Women, Male & Female Masters - 4 score. All senior teams (60+) 3 score. Scoring will be by combined time of scoring members (This means you need to run hard from start to finish!).



*All team scorers must be registered members of the same team. Team registration sheets will be available on race day.

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Results: elitefeats.com/Results

Make checks payable to: LITF

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

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 8k
 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