



Dedicated to the Memory of Pat Petersen

USATF-Long Island



Junior Olympic Qualifier Youth Association Cross-Country Championships

SUNDAY, November 8, 2026 8:30 am

Bethpage State Park, NY

The Course: We will be using the high school cross country course. **Starting times of all races are approximate.**

8:30 am	Open & Masters	8k
9:30 am	17/18 years (2009 - 2008)	5k
	15/16 years (2011 - 2010)	5k
10:00 am	13/14 years (2013 - 2012)	4k
10:30 am	11/12 years (2015 - 2014)	3k
	9/10 years (2017 - 2016)	3k
10:45 am	7/8 years (2019 - 2018)	2k

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

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

Pre-registration must be received, no later than November 6, 2026. Day of Race registration closes at 8:00 a.m.

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

<https://www.athletic.net/CrossCountry/meet/285024/info>

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

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

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

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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