

Race Location:

Albuquerque Academy
6400 Wyoming NE

Race Start Times:

10:30 am - XC Open
(All Corners Run)

11:15 am - Girls Team Race
(Invited Runners Only)

11:45 am - Boys Team Race
(Invited Runners Only)

Race Course:

XC • Dirt • Rolling Hills

Age Group,
Team &
Overall
Awards

Register
Online:

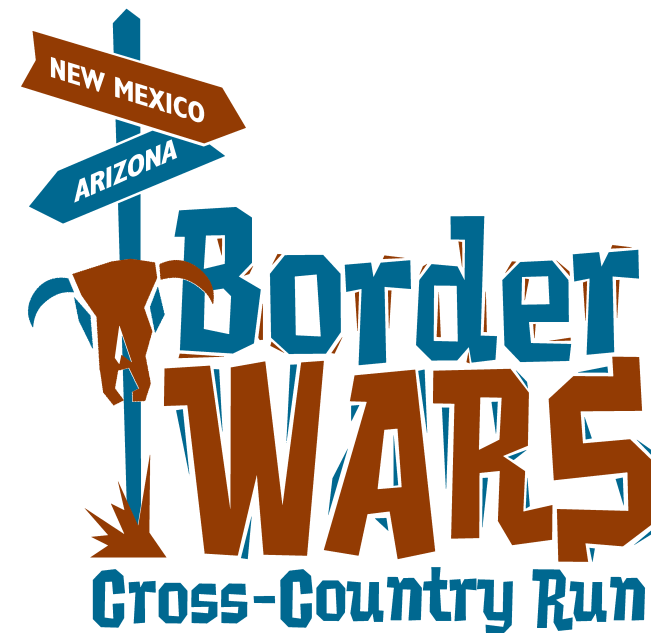
www.active.com



7120 Wyoming Blvd. NE, Suite 15
Albuquerque, NM 87109

(505) 856-9377

PRODUCED BY



Saturday
Nov. 19, 2005

Cross-Country Course
Team & Individual Races
Age Group • Team • Overall
Awards

Border Wars

Cross-Country Run

ENTRY FORM

PLEASE PRINT • OK TO PHOTOCOPY • RACE NUMBERS ARE NON-TRANSFERABLE

EVENT ENTRY: Open Cross Country Run Student Cross Country Run Adult - Team of 3 Youth - Team of 3

Last Name: _____ First Name: _____ SEX: Male Female

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____ Phone: (____) _____

Age on Race Day: _____ Date of Birth: ____/____/____ T-Shirt Size: Youth S M L XL

Second and third entries are for team members only. If you are running solo please fillout top portion of entry form. If you are on a team indicate your team name: _____ and fillout the information for your teammate(s) below.

Last Name: _____ First Name: _____ SEX: Male Female

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____ Phone: (____) _____

Age on Race Day: _____ Date of Birth: ____/____/____ T-Shirt Size: Youth S M L XL

Last Name: _____ First Name: _____ SEX: Male Female

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____ Phone: (____) _____

Age on Race Day: _____ Date of Birth: ____/____/____ T-Shirt Size: Youth S M L XL

Packet Pickup:

Friday, Nov. 18

10:00 am - 6:00 pm

Athlete's Edge

7120 Wyoming NE, Suite 15

Albuquerque, NM 87109

(505) 856-9377

WAIVER: I, the undersigned, my family, and my heirs, waive and release any and all rights and claims for damage I may have now and in the future against Athlete's Edge, and any and all other sponsors, co-sponsors, agencies, or individuals and their representatives, successors, officers, and agents for any and all injuries, damages and losses sustained and suffered by me as a result of my or my child's participating in this race. I verify that I am physically fit and have sufficiently trained for competition in this event, and my physical condition has been verified by a licensed medical doctor. If however, as a result of my participation in this race I require medical attention, I hereby give my consent to the authorized medical personnel of this race to provide such medical care as is deemed necessary by such authorized personnel. I also understand that in the event this race cannot be held as scheduled due to an act of God or circumstance beyond control, the race is not liable to refund any money paid by me the participant. Further, I hereby grant full permission to any and all of the foregoing to use my photograph, video tapes, motion pictures, recordings, or any other record of the event for any legitimate purpose. I understand that the entry fee is non-refundable and that race numbers are not transferable. I am responsible for the safe return of my ChampionChip. I will be charged \$30 for the failure to do so. I have read the foregoing and certify my agreement by this signature, and my parents/guardian's if under 18.

Signature: _____

Guardian Signature: _____

Signature: _____

(of second runner in team race)

Signature: _____

(of third runner in team race)

Make Checks Payable to: Athlete's Edge	Early Registration Ends Nov. 6, 2005	Late Registration Ends Nov. 17, 2005	At Packet Pickup Nov. 18, 2005	On Race Day Nov. 19, 2005	TOTAL DUE
ADULT RATE	\$15	\$18	\$20	\$25	
STUDENT RATE (under 18)	\$10	\$15	\$15	\$15	
TEAM RATES: Rates are for each team member. If you are running as a team circle the number of team members who are eligible for each of the two rates and multiply price by number you circled, then add them together for your teams total cost.					
ADULT RATE	1 2 3	\$15	\$18	\$20	No Team Registration
STUDENT RATE	1 2 3	\$10	\$15	\$15	No Team Registration