



35th Annual Bill Flodberg Mt. Madonna Challenge
6K, 12K, 18K Trail Run
AUGUST 21, 2010
Registration Form



Presented by South Valley Running Club

www.svrchome.org

Location: Sprig Lake Picnic Area at the base (Gilroy Side) of Mt. Madonna County Park, a facility of the Santa Clara County Regional Parks and Recreation System, on Highway 152

Time: Race day registration and bib/t-shirt pick up opens at 7:00AM. All races begin at 8:30AM

Fee: Before August 5 - \$25 6K/12K, \$30 18K. Technical shirt guaranteed. August 5 or later - \$30 6K/12K, \$35 18K. Shirt not guaranteed.

Course: All events follow established trails within Mt. Madonna County Park. Scenic courses take participants through groves of Oak, Manzanita and Redwood trees.

Online registration at www.active.com or mail completed form and check payable to South Valley Running Club to: South Valley Running Club, P.O. Box 323, San Martin, CA 95046-0323. For more race information email Julianne Whitelaw at julianne@svrchome.org

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Mt. Madonna Challenge Registration -Please print legibly

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Race You Are Entering 6K 12K 18K

Gender Male Female

Age on day of race (Required for Trail Runner Trophy Series) _____

Age group on day of race

Under 19 19-29 30-39 40-49

50-59 60-69 70 and Over

T-Shirt Size (Male shirts run 1/2 size large) S M L XL

EMERGENCY CONTACT (Name and Phone): _____

In consideration of the acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for which I may, or hereafter may accrue against the South Valley Running Club, the race sponsors, or any other coordination groups, agencies or persons as a result of this race even though liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I certify that I am physically fit and sufficiently trained for this competition and that my physical condition for participation in this event has been verified by a licensed medical doctor during the past six months.

Signature Date (Parent/Guardian Signature If Under 18)