

2021 WINGS OF MOON TRACK CLUB CC MEET

DATE: Sunday, October 17, 2021, *RAIN* or *SHINE*

LOCATION: Moon Township Park, **Saturn Pavilion**. Drive through the park and follow signs for the Saturn Shelter.

REGISTRATION: 8:00 AM – 8:45 AM *We strongly encourage pre-registration, but same day accepted*

Pre-registration: send to wingsofmoon@gmail.com or Register at Athletic.net. Please register before 6:00 pm Oct 14. *If you are paying as a TEAM, please let us know as we will have your numbers in a packet.*

COURSE WALK at 8:45

FIRST RACE: **9:30 AM** (Starting with 8 and under)

ENTRY FEE: \$10.00

SANCTION: Three Rivers Association, USATF

AWARDS: T-shirts 1st place; Medals 1st-3rd place; Ribbons 4th-6th place

MEET DIRECTOR: Joe Obeldobel, 929 Independence Road, Aliquippa PA 15001 412-974-6376
e-mail: wingsofmoon@gmail.com

DIRECTIONS:

For GPS – use Moon Township Park, or 1350 Joe Denardo Way, Coraopolis, PA 15108

Follow 376-W/US-30 W Merge onto I-376 Bus Loop W via **EXIT 57** toward Moon. Take the **Ewing Road exit** toward Coraopolis. Turn right onto Ewing Rd. Travel 1.00 miles to the Moon Park entrance on the right.

Detach and return – please print

AGE GROUPS AND DISTANCES (Determined solely by **year of birth**, check the appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> 2013 & UP 8 and under 2 Kilometers 1.24 Miles | <input type="checkbox"/> 2007/2008 ages 13-14 4 Kilometers 2.49 Miles |
| <input type="checkbox"/> 2011/2012 ages 9-10 3 Kilometers 1.86 Miles | <input type="checkbox"/> 2005/2006 ages 15-16 5 Kilometers 3.11 Miles |
| <input type="checkbox"/> 2009/2010 ages 11-12 3 Kilometers 1.86 Miles | <input type="checkbox"/> 2003/2004 ages 17-18 5 Kilometers 3.11 Miles |

Name _____ DOB _____ Gender ___F___M

Address _____ City/State/Zip _____

Club _____ Phone _____

In consideration of this entry being accepted, I hereby for myself, my heirs, executors, administrators, waive and release any and all claims for damages I may have against The Wings of Moon Track Club, Moon Parks and Recreation, Municipality of Moon, Three Rivers Association, USATF, its members, meet officials, meet committee and their agents, representatives, successors, and assigns for any and all injuries suffered by me or my child at this meet. I certify that myself or child is an amateur athlete. I further certify that I or my child has trained sufficiently to participate in this meet.

Signed: _____ (Athlete) Signed: _____ (Parent)

Date: _____ Date: _____