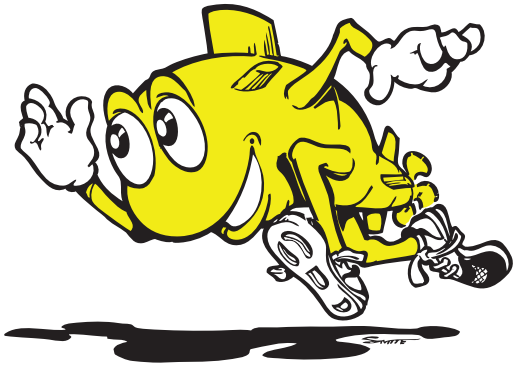
Special rate for EBAC members!
$5.00 (Save $10.00)!
To take advantage you must be an EBAC member and enter through the EBAC Office

EBAC
FALL CHALLENGE
5 MILE ROAD RACE
(REALLY 4.75)

WHEN? SATURDAY OCTOBER 27, 2018
WHERE? OCEAN BEACH PARK, NEW LONDON
WHEN? 10:00 AM
HOW MUCH? $15.00 BEFORE RACE DAY, $20.00 ON RACE DAY

ACTIVE DUTY MILITARY SPECIAL RATE ! CALL OR EMAIL THE RACE DIRECTOR



USATF SANCTIONED –
MOHEGAN STRIDER GRAND PRIX EVENT
FAMOUS OCEAN BEACH CHOWDER FOLLOWING THE RACE
TEE SHIRTS TO THE FIRST 100 (MUST BE PICKED UP ON RACE DAY)

ENTER ON LINE WE PAY THE FEE IMATHLETE

INDIVIDUAL COMPETITION:

MALE & FEMALE : YOUTH (<12)
JUNIOR (13-19), OPEN (20-29)
SUBMASTER (30-39), MASTER (40-49)
GRAND MASTER (50-59), VETERAN (60-69)
SENIOR (>69). AWARDS 3 DEEP

DIRECTIONS TO OCEAN BEACH
RT 95 TO EXIT 82, (RT 85, BROAD ST.) SOUTH ON BROAD ST.
BROAD ST. TO COLEMAN ST. RIGHT ON COLEMAN ST.
COLEMAN ST. TO BANK ST. RIGHT ON BANK ST.
BANK ST. 100 FT TO LEE AVE. LEFT ON LEE AVE.
LEE AVE. TO END, RIGHT ON OCEAN AVE.
OCEAN AVE TO END AND OCEAN BEACH!

rbutterm@gdeb.com 860-271-6101

SEND YOUR CHECK, PAYABLE TO:
ALL RUNNERS! ENTRY FEE
$15.00. $20.00 ON RACE DAY

EBAC FALL CHALLENGE
75 EASTERN POINT ROAD,
GROTON CT 06340

OR ENTER ON LINE AT IMATHLETE

NAME: S

ADDRESS:

CITY ST: ZIP:

AGE: SEX: DATE OF BIRTH: MO – D – YR

Please enter me in The EBAC Fall Challenge Road Race. In consideration of this entry being accepted, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against The Electric Boat Athletic Club, Committee, representatives, successors, employees, volunteers, race sponsors, race directors and assigns for any and all injuries suffered by me at said road race. Any runner under 18 years of age must have parent's written concent to participate. I agree to abide by the race officials' directions regarding the use of the course. I understand and accept the risks of road racing which include, but are not limited to, traffic, heat, and dehydration. I also agree to submit to drug testing in accordance with USAFT Rule 144.

SIGNATURE: _____ PARENT IF UNDER 18 _____

EB RUNNERS; BADGE: _____ DEPT: _____ EMAIL: _____ PHONE: _____

[ ] I have a disability for which I am requesting an accommodation (visit www.usatf.org/about/legal/policies/ADA.asp for forms and procedures)

EBAC