

Male Clydesdale



Saturday, March 11th 2017

Catalina Island, Avalon, California

More info at: runcatalina.com

Presented by



By participating in these endurance events you will also be supporting the work of the Catalina Island Conservancy, a non-profit conservation organization working to keep Catalina Wildlands wild.

Plus, all expenses associated with your participation in this charitable race may be fully tax deductible.

Sponsored by













Spectrum Sports Management, Inc. Tel: 909.399.3553 Fax: 909.399.9779 Email: info@spectrumsports.net

MAIL Spectrum Sports, 2058 N. Mills Ave. #454, Claremont, CA 91711. Entry Fees are non-refundable and non-transferable.

Please Make Check Payable to Spectrum Sports Management, Inc.

				Office use only
		s form may be p USF BI UF OR B	photocopied. LACK INK ONLY	
FIRST NAME				
LAST NAME				
BIRTH DATE	/	/	SEX M F	
STREET ADDRESS				
CITY			STATE 2	ZIP
DAY PHONE				
EMAIL ADDRESS				
PACKET	PICK-UP	☐ Avalon	☐ Two Harbors	
EVENIT	CIC Mara	thon \square	10k	Vid's Dup

EVENT	CIC Mai	rathon	☐ 10k	☐ 5k	☐ Kid's Ru	ın
AGE GRO	IUP	14 & under	<u> </u>	20-24	25-29	30-34
35-39	40-44	45-49	50-54	55-59	60-64	65-69
70-74	75-79	80+	Islander			

(200+ lbs.)	(140+ lbs.)	nas			
ENTRY FEES	Until 10/31/16	Until 1/15/17	After 1/16/17		
Kid's Run	\$10.00	\$10.00	\$10.00	\$	
5k	\$30.00	\$35.00	\$40.00	\$	
10K	\$35.00	\$40.00	\$45.00	\$	
Marathon - Boat Ticket - Reusable Cup	\$125.00 \$25 \$5	\$135.00	\$145.00	\$ \$ \$	

Boat TicketReusable Cup	\$25 \$5		\$ \$	
TOTAL AMOUNT ENCLOSED \$				
Vica Ma	storcard	Amorican Evaross		

Credit Card # Exp. Date

Female Athenas

Signature Zip Code

WAIVER In consideration of this entry acceptance, I, my heirs, executors and administers hereby waive any and all rights of claim for damages I may have against Spectrum Sports Management Inc., The Santa Catalina Island Company, the Santa Catalina Island Conservancy, Los Angeles County Parks & Recreation, City of Avalon, Avalon Lions Club, Los Angeles County Fire, and all co-sponsors, or any individual associated with the above for any and all injuries sustained by me in this event. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. I also understand that the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor. THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED. Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORMATION REGARDING DRUGS AND DRUG TESTING MAY BE OBTAINED BY CALLING THE USOC HOTLINE AT 800-233-0393

Signature of athlete (Signature of parent or guardian if under 18 years)

Date