



**KIDLINGTON RUNNING & ATHLETIC CLUB**



30th YEAR OF THE

# **MOTA-VATION SUMMER RACE SERIES 2017**

UK Athletics Licence 2017-27225

All races approx. 4 miles – measured and certified

First aid provided by Critical Care to Level 1

**RACE 3 - THURSDAY 29th JUNE 7.30 PM START**  
COMBE RECREATION GROUND

**RACE 4 - THURSDAY 27th JULY 7.30 PM START**  
COMBE RECREATION GROUND (“NEW” COURSE)

**RACE 5 – THURSDAY 31st AUGUST 7.00 PM START**  
OXFORD HARLEQUINS RUGBY GROUND

**ENTRIES AVAILABLE FOR RACE 3 OR FOR ALL THREE RACES**

**CLOSING DATE FOR POSTAL ENTRIES – FRIDAY 23 JUNE**

**Entries for all three races must be sent by post**

**Single race entries may be made on the night until 7.00 p.m.**

**Race and series prizes, series team prizes, spot prizes**

**Full changing and shower facilities at all venues**

**Bar open afterwards**

**Crepes available for purchase**

## **Important Notices**

- 1. The wearing of personal music players is BANNED; their use will result in disqualification.**
- 2. All runners must complete the medical emergency details on the back of their numbers for each race.**



# MOTA-VATION SUMMER RACE SERIES 2017

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**ENTRY FEES**      All three races      £25 EA registered / £28 unregistered  
Race 3 only      £10 EA registered / £13 unregistered  
Cheques payable to Kidlington Running & Athletic Club

**Closing date for postal entries    Friday 23 June**

**I wish to enter (TICK ONE)**

**ALL THREE REMAINING RACES** .....

**RACE 3 – THURSDAY 29 JUNE    Combe I** .....

Surname (CAPS)..... First name (CAPS) .....

**I am EA-registered\* / not registered\* ( \* delete one)**

**Club (FIRST CLAIM UKA affiliated or school/university only)** .....

England Athletics Registration Number .....

Age on **27 April** ..... DoB..... Sex..... [Min. age on race day 15]

Please circle    U19M   SM   VM40   VM50   VM60   VM70   U19L   SL   VL35   VL45   VL55   VL65

Address: .....

.....

.....

Tel.: .....

E-mail:.....

I declare that I am an amateur according to UKA rules, that I will abide by their rules and the rules of this series\*\*, and that I will compete only if medically fit. I agree to participate in this event at my own risk and that the organisers will not be responsible for any injuries sustained by me or for any property lost. I sign on behalf of my child if (s)he is under 16.

**\*\* In particular, I accept the ban on the wearing of personal music devices and that I will complete the medical emergency information on the back of my number**

For official use

Signed: ..... Date.....  
(parent/guardian if under 16)

Race number

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**Send postal entries to**

**Race Entries Secretary, 26 Bicester Road, Kidlington, Oxon OX5 2LE.**

**Tel.: 01865 849361 / 07775 795125**

**Confirmation will be sent by e-mail – Number issued at venue**