

## KIDLINGTON RUNNING & ATHLETIC CLUB



#### 31st YEAR OF THE

# MOTA-VATION SUMMER RACE SERIES 2018

UK Athletics Licence 2018-31778

All races approx. 4 miles – measured and certified (details on website)

First aid provided by Critical Care Medical UK to Level 1

- RACE 1 -THURSDAY 26th APRIL 7.00 PM START
  CHARLTON-ON-OTMOOR RECREATION GROUND
- RACE 2 THURSDAY 31st MAY 7.30 PM START
  BLETCHINGDON RECREATION GROUND
- RACE 3 THURSDAY 28th JUNE 7.30 PM START COMBE RECREATION GROUND
- RACE 4 THURSDAY 26th JULY 7.30 PM START

  COMBE RECREATION GROUND ("NEW" COURSE)
- RACE 5 THURSDAY 30th AUGUST 7.00 PM START
  OXFORD HARLEQUINS RUGBY GROUND

#### CLOSING DATE FOR POSTAL ENTRIES – FRIDAY 6th APRIL

No entries on the night until Race 3 (availability to be determined)

Race and series prizes, series team prizes, spot prizes

Mementos for series entry

Full changing and shower facilities at all venues

Bar open afterwards

Food available for purchase after all races except Charlton



# \*\*runbritain.com MOTA-VATION SUMMER RACE SERIES 2018

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**ENTRY FEES** £35 EA registered / £38 unregistered Series

Individual Races £10 EA registered / £13 unregistered Cheques payable to Kidlington Running & Athletic Club

### Closing date for postal entries Friday 6 April

Please tick series or for race(s) you wish to enter and pay for now

	SERIES	•••••	•••••	
RACE 1 – TI	HURSDAY 26 AI	PRIL Charlton		
		AY Bletchingdo		
	HURSDAY 28 JU	S	•••••	
	HURSDAY 26 JU		•••••	
RACE 5 – TI	HURSDAY 30 AU	UG Oxford	••••••	<b></b>
Surname (CA	<b>PS</b> )		First name (CAPS)	
I am EA-regi	stered* / not regi	istered* ( * delete	e one)	
Club ( <b>FIRST</b>	CLAIM UKA af	filiated or school/	university only)	
England Athle	etics Registration 1	Number		
Age on <b>26 A</b>	<b>pril</b> DoB		Sex [Min. age o	n race day 15]
Please circle	U19M SM VN	M40 VM50 VM6	60 VM70 U19L SL VL35	VL45 VL55 VL65
Address:				
			•••	
Tel.:	•••••		•••	
E-mail:				
I will compete or	nly if medically fit. I a ny injuries sustained l	agree to participate in	I will abide by their rules and the rule this event at my own risk and that the erty lost. I give my consent to participate	organisers will not be
** In particul complete the	ar, I accept the b medical emergen	oan on the wearing acy information of	g of personal music devices a n the back of my number	nd that I will
Signed:		Date		For official use only
			EEif photographs of y www.oxonraces.com)	
Send to				Race Number

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