



GREATER BUFFALO TRACK CLUB

1 Mile TRACK RACE

6:30PM Monday, June 24 2019

Location: Adams Field 1299 Parker Blvd Buffalo, NY 14223

Entry Fee: \$15 before June 24th. \$20 race day

Race: The GBTC Mile competitive track race held at Adams Field will be raced in heats, starting at 6:30PM.

Registration Fees are non-refundable and non-transferable.
Guaranteed shirts to registration received by June 14.
Postrace refreshments will be available.

Packet Pick-Up Race day only at Adams Field, starting at 5PM

Awards: First male and female finishers (overall), first masters male and masters female and first place in 10 year age groups.

PLEASE PRINT

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____

TOWN/CITY _____ STATE/PROVINCE _____ ZIP/POST CODE _____

EMAIL _____ PHONE: (____) _____ - _____

M ___ F ___ AGE (DAY OF RACE) _____

Emergency contact & Phone number: _____

ENTRY FEE:

- \$15 GBTC Mile Race
- \$20 Day of Registration

T-shirt: SIZE: S M L XL XXL

Select the heat most appropriate for you based on expected performance:

- 6:30PM - Heat #1: 8:30+ pace per mile _____
- 6:50PM - Heat #2: 7:00-8:30 pace per mile _____
- 7:10PM – Heat #3: 5:45-7:00 pace per mile _____
- 7:20PM – Heat #4 <5:45 pace per mile _____

***Start times, heat brackets and number of races subject to change based on the number of entrants*

Runner's Signature: _____

Waiver must be signed for entry acceptance. In registering for Greater Buffalo Track Club's 1 mile race I state that I fully understand and assume the risk and responsibility for participating in an athletic event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against the Greater Buffalo Track Club, any and all sponsors, the town of Kenmore, Ken-Ton School District, County of Erie, State of New York and NY State Dept. of Parks for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials to expedite such treatment.

Make checks payable and send to: Greater Buffalo Track Club
PO Box 1938
Buffalo, NY 14225

Questions: Contact the Race Director at
tconn@roadrunner.com or
Rjmiles515@gmail.com