



**ORRC DUAL DUEL
Wednesday, August 1, 2007**



**10 MILE, 2 PERSON TRACK RELAY
10 MILE, 2 PERSON RACEWALK
10K— SOLO TRACK RUN
1/4 MILE — FREE — CHILDRENS RUN**

**LINCOLN HIGH SCHOOL
PORTLAND, OREGON**

6:20 CHILDREN'S RUN
6:30 DUAL DUEL 10-MILE
RELAY
6:30 10K SOLO TRACK RUN

**ORRC DUAL DUEL
TEAM RELAY AND SOLO RUNS**

DANIEL BREWER, DIRECTOR

EVENTS:

- 10 Mile, two person relay – 20 laps or 5 miles each – (1/4 mile alternating legs)
- 10k Solo Track Run (25 laps)
- 10 Mile Open Racewalk – Team Relay Format—This event will be judged.

WHEN:

Wednesday, August 1, 2007 – Event times:

- 5:00 Registration Begins
- 6:20 Children's Run — 400 meters
- 6:30 Dual Duel Team Relay—All Events
- 6:30 10k Solo Track Run

WHERE:

Lincoln High School
1600 SW Salmon St.
Portland, Oregon—97205
King's Hill / Salmon St. MAX Station

AWARDS:

- Team Relay. Combined age of both partners in each race. 5 places deep in each division. Running Divisions are: under 35, 36-50, 51-65, 66-75, 76-85, 86-95, 96-105, 106-115, and 115 and over.
- Individual 10k. Ribbons 3 places deep in the standard 5 year groups from 19 & under to 70 & over.

There are NO overall awards for ANY event.

LAP COUNTERS:

All Teams and Individual runners must supply their own lap counters.

QUESTIONS:

Call ORRC at (503) 646-RUNR / orrc@orrc.net
E-mail the race director at dsbrewer@gmail.com

Check out the web site at www.orrc.net

REGISTRATION FORM — PLEASE WRITE LEGIBLY

Release Form (mandatory). In consideration of my entry, I for myself, my heirs, executors, administrators, and assigns waive, release, and discharge any and all rights, claims or damages against any of the Oregon Road Runners Club, Caitlin Gabel School, all participating sponsors and directors, volunteers, employees and agents of such parties for all claims of damages, demands, actions whatsoever in any manner arising or resulting from my participating in said race. I attest and verify that I have full knowledge of the risks involved in the race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, and that I am physically fit and sufficiently trained to participate in this event.

Race # _____

Name _____ AGE _____ Gender: Male _____ Female _____

Signature _____ ORRC Member _____ Shift Size _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____

Event : Relay: Male _____ Female _____ Mixed _____ Racewalk _____ // Individual 10 K _____

E-mail Address (if applicable) _____

Check Fees [] \$13.00 each ORRC member. [] \$18.00 each non-member. [] \$5.00 extra each day-of race (everyone).

Partner _____ AGE _____ Gender: Male _____ Female _____

Signature _____ ORRC Member _____ Shift Size _____

E-mail Address (if applicable) _____

Check Fees [] \$13.00 each ORRC member. [] \$18.00 each non-member. [] \$5.00 extra each day-of race (everyone).

Please Sign me up as an ORRC member. Enclosed is: [] \$30 individual or [] \$40 Family

Please complete and mail to: ORRC DUAL DUEL, 15954 NW Ridgetop Ln - Beaverton, OR—97006—Total \$ _____