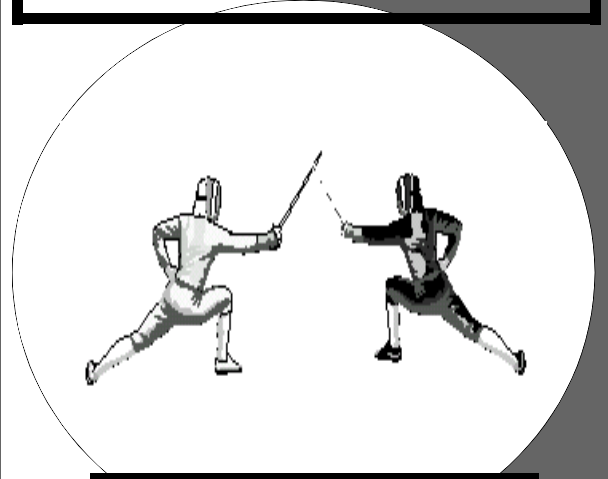


PLEASE NOTE LOCATION:
LINCOLN HIGH SCHOOL



ORRC DUAL DUEL
Thursday, August 5, 2004



10 MILE, 2 PERSON TRACK RELAY
10 MILE, 2 PERSON OPEN RACEWALK
10 MILE SOLO TRACK RUN
1/4 MILE – FREE – CHILDRENS RUN

LINCOLN HIGH SCHOOL
PORTLAND, OREGON

6:20 CHILDREN'S RUN
6:30 MALE/MALE RELAY
6:30 OPEN DUAL RACEWALK
6:30 MIXED RELAY
6:30 FEMALE/FEMALE RELAY
6:30 INDIVIDUAL 10-MILER

ORRC DUAL DUEL TEAM RELAY AND SOLO RUN

DANIEL BREWER, DIRECTOR

EVENTS:

10 mile, two person relay – 20 laps or 5 miles each – (1/4 mile alternating legs)

10 mile Individual Run

10 Mile Racewalk – Team Relay Format

- This event will be judged.

WHEN:

THURSDAY, AUGUST 5, 2004– Event times:

5:30 Registration Begins
6:20 Children's Run — 400 meters
6:30 Male/Male Relay
6:30 Open Dual Racewalk
6:30 Mixed Relay
6:30 Female/Female Relay
6:30 Individual 10-Miler



WHERE:

Lincoln High School
1600 SW Salmon Street
Portland, Oregon 97205
Near PGE Park

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, 86-100, 101-109, and 110 and over.

Racewalkers—Open Male, Open Female, Open Mixed.

- Individual Runs. 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 are responsible for counting their own laps.

QUESTIONS:

Call ORRC at (503) 646-RUNR / orrc@orrc.net

E-mail the race director at daniel@brewer.net

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, Lincoln High School, all participating sponsors and directors, volunteers, employees and agents of such parties for all claims of damages, demands, claims 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 _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____

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

E-mail Address (if applicable) _____

Check Fees [] \$10.00 each ORRC member. [] \$15.00 each non-member. [] \$5.00 extra each day-of race (everyone).

Partner _____ AGE _____ Gender: Male _____ Female _____

Signature _____ ORRC Member _____

E-mail Address (if applicable) _____

Check Fees [] \$10.00 each ORRC member. [] \$15.00 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, 15459 NW Ridgeway Ln.—Beaverton, OR 97006

Total Enclosed \$ _____