

Bolton United Harriers & A.C.

present their SEVENTH annual

CENTRAL LANGASHIRE 5K



on behalf of the

Central Lancashire Grand Prix

Sunday, 19th February 2017 Starting at 10.00am

Leverhulme Park, Long Lane, Bolton, BL2 6EX



COURSE: One lap on undulating roads around and within Leverhulme Park, incorporating a Grandstand start and finish.



Course No.: pending

CHIP-TIMED | MEMENTO

Entry Conditions

Minimum age: 14.

Race limit: 400.

No entries on day if reached.

Race Conditions

NO earphones to be worn.

Course suitable for all levels but not wheelchairs.

More Details

Registration at indoor track.
Collect race chip on day.

Further info on the BUH&AC website:

Entry: £7 Affiliated or £10 Unaffiliated

IMPORTANT

Participants must realise that there are additional risks involved in endurance events, especially if there is a lack of preparation on the athlete's part. It is the participant's responsibility to ensure proper preparation, training and fitness to compete. See www.runnersmedicalresource.com for more information.

CLGP 2017 - Round 1



5K Prizes*

<u>Cat</u>	<u>Men</u>	<u>Women</u>	
Open Age:	1st 5	1st 3	
U/20:	1st	1st	
O/35:	_	1st	
O/40:	1st	1st	
O/45:	1st	1st	
O/50:	1st	1st	
O/55:	1st	1st	
O/60:	1st	1st	
O/65:	1st	1st	
O/70:	1st	_	
Teams:	1st 2	1st 2	
	(Tooms of 2)	(Teams of 2)	

(Teams of 3) (Teams of 3)

*One individual prize per person. Race is in age category, except main race. All prizes at discretion of Race Organiser.

WWW.BOLTONUNITEDHARRIERS.CO.UK/CENTRAL-LANCASHIRE-5K

Mail entry form and fee to:	Mail entr	v form and	fee to:	
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CENTRAL LANCASHIRE 5K 27 BEATRICE ROAD BOLTON BL1 3BP

Cheques payable to:

"Bolton United Harriers & AC"

No SAE required. Race details will only be sent out (by SAE) if no email is given. Collect bib and race chip on the day.

Or enter online at any of:

www.runnersworld.co.uk www.race-results.co.uk www.bookitzone.com www.ukresults.net

Online entry closing date: 16th February.

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Please use BLOCK CAPITALS	Surname: _		F	orename:		
Address	•					
Post Cod	de:	Do	B: (DD/MM/YY)	Age On Race Day	Min. Age: 14	Sex: M / F
Email:						
Mobile:	r personal running details 7	and further race info) **Please use BLOCK C	Phone Home or	:		
			Emergency	(Include area code if not	01204)	
UKA Clu	ıb:			UKA Reg. No	o.:	
Medical . Conditions	(Affiliated Running None Known Yes (Please delete. If yes, i	•	cate e.g. asthma, or allergy to a	drug e.g. Penicillin)	Fee _ Enclose	d: £7 / £10 Affiliated Unaffiliated (Please delete)

Waiver: I am an amateur as defined by the rules of UK Athletics and agree to abide by their rules. I accept there is a level of risk in endurance running. By starting the race, I declare I am medically fit and understand the organisers and supporters will not be held responsible for any loss, injury, illness or damage which may result from my taking part. I give consent for my personal and medical details to be released by the medical team to the Race Organiser (to inform pext-of-kin and statutory authorities) in the event of a medical emergency.

Admin use

(to inform next-of-kin and statutory authorities) in the event of a medical emergency.

Adm
CL5K
17v2

Signature (AND signature of parent or guardian if under 18 years of age)

Date