

Name of Race SCVAL (DAL) Finals Host School Lynbrook

Crystal Springs Cross Country Complex

Date Tue / 11 / 4 / 08
day month date year

Air Temperature on race day _____ Relative Humidity _____ %

Total adding air temp and humidity _____ (heat index) see guidelines on page 7

In recognition of your acceptance of my entries for this race, I certify that I have in my possession a *well equipped First Aid Kit* and the *Emergency Cards* for all of my athletes.

	<i>School (Please print)</i>	<i>Coach (Please print)</i>	<i>Signature</i>
1	<u>Lynbrook</u>	<u>Hank Lawson</u>	<u>Hank Lawson</u>
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Race directors verification Sign here Hank Lawson

Race Directors Release Form

In order to conduct a competitive cross country race on Crystal Springs Cross Country Course the Race Director must sign and forward this form to Robert Rush, Course Coordinator or Andreas Wolf, Athletic Director at the College of San Mateo. This form must be submitted before a race will be scheduled..

I have read in detail and have forwarded the information found in this handbook to the involved coaches. I agree to uphold all the rules, regulations and guidelines found in the Race Directors Handbook. I have sent a copy of an insurance verification and release form to Andreas Wolf, AD College of San Mateo. 1700 W. Hillsdale Blvd. San Mateo CA 94402

Failure to comply with or turn in all required forms and request, can result in the cancellation of the event or denied the scheduling of the event on Crystal Springs Cross Country Course.

School or Sponsoring Organization: Lynbrook - SCVAL
Race Director: Hank Lawson

(Print name of Race Director)

Sign name: Hank Lawson

Phone: Office() Home() Cell(408) 460-6785

E Mail Address: HANKLAW @ IX.NETCOM.COM

Race Date(s) and first race starting times :

Date 11/4/08 Start Time 2:00 Date _____ Start Time _____

Date _____ Start Time _____ Date _____ Start Time _____

CCS Sanctioning Number: N/A League Finals

If this is a league only contest that does not require CCS Certification, identify the situation above.

Fill out and forward to:

Robert Rush 116 Wycombe Avenue San Carlos CA 94070-1843 Phone 650-595-3619 Cell 415-730-8299 E Mail rushrunner@aol.com	College of San Mateo % Andreas Wolf, Athletic Director 1700 West Hillsdale Boulevard, San Mateo, CA
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All school districts have required insurance to allow athletes to compete.

Form 4
CRYSTAL SPRINGS CROSS COUNTRY COURSE
COURSE USE FEE

INVOICE

Race Directors and/or League Commissioners

Make check payable and send to: COLLEGE OF SAN MATEO

%Andreas Wolf, Division Dean, Physical Education/Athletics
1700 W. Hillsdale Blvd.
San Mateo CA 94402-3757

League or Organization Race

Name: SCVAL League Finals

Address: Lynbrook HS 1240 Johnson Ave

City: San Jose CA zip 95129

Name of Race Director and/or League

Commissioner Hank Lawson

Phone: Home () **Cell** (408) 460-6785

E-Mail: HANKLAW @ IX-NETCOM.COM

Each school or college/university or organization will be charged at the constant rate of \$20.00 per school for each school involved in **each competition day** on the course. Each director or commissioner will be responsible to calculate the amount due. A school is designated by entering a scoring team in the competition at Crystal Springs Cross Country Course.

Date <u>Nov 4</u>	Race Number 1 \$20.00 X Number of schools <u>14</u>	Total\$ <u>280</u>
Date _____	Race Number 2 \$20.00 X Number of schools _____	Total\$ _____
Date _____	Race Number 3 \$20.00 X Number of schools _____	Total\$ _____
Date _____	Race Number 4 \$20.00 X Number of schools _____	Total\$ _____

Each event should be calculated and **one** check sent for **all events at once**.

Surcharge for police or extra course use: \$ _____

Total amount for All events enclosed \$ 280

Schools who use the course for work-out purposes on a regular organized basis, are subject to a surcharge of \$50.00 . This surcharge is for the extra maintenance of the chemical toilets. Large practice groups(one complete team) should send a \$15 maintenance fee to Andreas Wolf at CSM

DO NOT SEND CHECK TO ME!!

Bob Rush-Crystal Springs Course Coordinator

116 Wycombe Avenue
San Carlos CA 94070-1843
Phone/Fax (650)595-3619