Willamette Alpine Race Program

PETER LORINCZ CUP

Willamette Pass, Oregon

February 27 -28, 2010

EVERGREEN CUP

GS/SL

Name: _____Birth date: _____

Address: _____Sex:_____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Club: _____

USSA #:_____

Class: **J3** (13 & 14 yrs old) **J2** (15 & 16 yrs old) **J1** (17-19 yrs old)
(AGE AS OF DECEMBER 31, 2009)

Entry Fees:

SL-Saturday, February 27th: $35.00 $_____

GS-Sunday, February 28th: $35.00 $_____

Total Amount Due: **$_____**

Please make checks payable to WARP

Deadline: Received by February 24th, 2010

ENTRY WILL NOT BE ACCEPTED WITHOUT COMPLETED ENTRY FORM, WILLAMETTE PASS LIABILITY RELEASE AND ENTRY FEES.

Send to:

Joni De Saint Phalle, Race Registrar
365 E. 48th Avenue
Eugene, OR 97405

jpdsp@msn.com
Phone / FAX: 541-343-6343