

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** **J2** **J1**
 (13 & 14 yrs old) (15 & 16 yrs old) (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