

2011 Merino Muster Entry Form



INDIVIDUAL / TEAM LEADER NAME:

Individual / Team Leader Name: _____ M/F?

Address: _____

Country: _____

Phone: _____ Email: _____

Date of Birth: _____ Age at 31 December 2010: _____

Have you entered previously? Yes No Year/s? _____

TEAM NAME if applicable: _____

EXTRA TEAM MEMBERS:	[2 - 4 members per team, with each team completing 4 laps.]	Male/Female
Person 2 Name: _____	email: _____	
Person 3 Name: _____	email: _____	
Person 4 Name: _____	email: _____	

SKI / BOOT/ POLE HIRE AVAILABLE IF NEEDED:

*Feel free to come up to Snow Farm NZ prior to event day to reserve your race gear!
Otherwise we will sort out your gear on the day - make sure you come up in plenty of time to sort ski hire.*

ENTRY FEES:	18 and over	Under 18	
Straggle Muster 7km	Adult \$30	Youth \$20	
Snow Rake 21km	Adult \$40	Youth \$30	
Merino Muster 42km	Adult \$50	Youth \$40	
Mini Muster (10 years and under)		Child \$5	
Team 7km relay	\$20pp	School team \$10pp	
Ski Hire	\$20pp	\$10pp	

TOTAL _____

PAYMENT DETAILS:

- Cheque enclosed, made out to Snow Farm NZ
- Credit card details enclosed

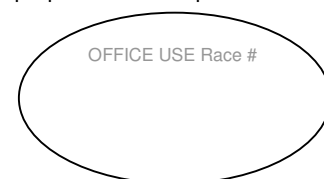
Name on card: _____

Credit card # expiry/.....

RELEASE OF LIABILITY:

I agree to enter the Merino Muster race at my own risk. I agree to stay on ski trails at all times. I am aware of the risks of cross country ski racing and enter this race with this knowledge. I hold myself responsible for determining that I have the skiing ability to safely enter this race. I will not hold the organisers responsible for any obstacles on the course or for the grooming. I am in sound physical health and know of no illness that could affect me during the race. I am aware that I will need to be adequately dressed for the conditions during the race as there are areas of the course which may take longer for Race Support to access should I need assistance. Snow Farm reserves the right to take promotional photographs of competitors in the Merino Muster for the purpose of future promotion.

I have read and understood this Release of Liability. _____



Signed: _____	Date: _____
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