

EDDIE LEAL MEMORIAL ISLE OF WIGHT FELL RUNNING SERIES 2008

INCORPORATING THE S.E.A.A. FELL RUNNING CHAMPIONSHIPS

Under F.R.A. Rules

(Organised by Ventnor Fell Running Association in association with Ryde Harriers)

SATURDAY 20th AND SUNDAY 21st SEPTEMBER 2008



Race 1: The St. Boniface Fell Category AS 11.00am Saturday 21st 3 miles - 775 feet ascent.
Race 2: The Ventnor Horseshoe Category BM 3.00pm Saturday 21st 7 miles - 1500 feet ascent.
Race 3: The Wroxall Round Category CL 10.30am Sunday 22nd 13 miles - 1500 feet ascent.

Venue: Winter Gardens, Ventnor, Isle of Wight. Grid reference SZ 564774.

Race registration and changing facilities. Start / Ventnor Esplanade, Finish / Winter Gardens.

Awards: Male and Vets 40, 50, 60 and 70. Female and Vets 40, 50 and 60 and Team (3 to count) awards for each race. Victor and Victrix Ludorum and Team (3 to count) awards over 3 race series. B and subsequent teams to count.

Transport: There is a reduced fare WightLink ferry deal. Please include an acknowledgement SAE for details.

Age Limits: In accordance with F.R.A. rules. Race 1 14 years, races 2 and 3 18 years.

S.E.A.A.: Competitors must complete all three races to qualify for the S.E.A.A. Championship.

Fees: £5 each race, or £12 for all 3 races in series.

Cheques payable to VENTNOR FELL RUN CHAMPIONSHIP ASSOCIATION.

Closing Date: Pre-entry appreciated but entries accepted on the day.

Entries for the S.E.A.A. Championship **MUST BE RECEIVED** by 13th September.

Reply To: Isle of Wight Fell Run, 32 South Street, Ventnor, Isle of Wight, PO38 1NG.

Please include an S.A.E. if you require acknowledgement or provide an e-mail address.

Enquiries: Race and course information

Mr. Chris Lewis 01983 857339.

Free Campsite at Ventnor

Mr. Tony Flower 01983 730567.

General enquiries

Mrs. Brenda Lawson 01983 853843.

e-mail

races@rydeharriers.co.uk

website

www.rydeharriers.co.uk

Detach here

ISLE OF WIGHT FELL RUNNING SERIES 2008

Surname: _____

Date of Birth: _____

First Name: _____

Sex (M/F): _____

Address: _____

Age on Race Day: _____

(Minimum, 14yrs – Race 1, 18yrs - Races 2 & 3.)

Phone No: _____

Day: _____

e-mail: _____

Evening: _____

CLUB NAME OR UNATTACHED: _____

Please tick which race(s) you are entering:

St. Boniface Fell: _____

Wroxall Round: _____

Ventnor Horseshoe: _____

All Three: _____

S.E.A.A. Championship eligibility (please tick):

PLEASE NOTE S.E.A.A. CHAMPIONSHIP ENTRIES **MUST BE RECEIVED** BY 13th SEPT.

Member of the F.R.A. born in, or a resident (9 months) of the S.E.A.A. area – FRA No.: _____

First claim member of an S.E.A.A. club affiliated to the FRA – Club Name: _____

Declaration: I understand that the race(s) is held in accordance with the rules and safety requirements of the F.R.A. I am aware of the organisers information and stipulations and I accept that any injury which I may incur during the course of the race(s) is in no way the responsibility of the race(s) organiser. I comply with the above mentioned age requirements for the races entered.

Signed: _____ Parent/Guardian if under 18

Date: _____