

SKYPORT MAGIC MILE



Saturday, February 23rd, 2019
Official Date

Saturday, March 2nd, 2019 – Rain Date
Venue: National Sport Centre, Devonshire at 12:00 noon
Organized by: BERMUDA PACERS TRACK CLUB
Sanctioned by: The Bermuda National Athletic Association

AGE	DISTANCE	START TIME
4 year old girls	¼ mile	12:00 p.m.
4 year old boys	¼ mile	12:20 p.m.
5 year old girls	¼ mile	12:40 p.m.
5 year old boys	¼ mile	1:00 p.m.
6 year old girls	½ mile	1:20 p.m.
6 year old boys	½ mile	1:40 p.m.

AGE	DISTANCE	START TIME
12 to 15 M/F	1 mile	2:00 p.m.
7 year old girls	½ mile	2:20 p.m.
7 year old boys	½ mile	2:40 p.m.
8-9 year old girls	1 mile	3:00 p.m.
8-9 year old boys	1 mile	3:20 p.m.
10-11 year old girls	1 mile	3:40 p.m.
10-11 year old boys	1 mile	4:00 p.m.

Please Note: Award presentation at completion of each race
T-shirt to all runners that finish the race.

START TIMES: ATHLETES SHOULD BE AVAILABLE 30 MINUTES PRIOR TO LIST TIMES.

RACE NUMBERS: To be collected from 8:30am to 11:00am at the National Sports Track (South Field) on race day. Athletes should make a special effort to pick up their numbers during this time.

ENTRIES: www.racedayworld.com

or Completed entry forms must be returned to SPORTSELLER (Washington Mall) by 4:45 pm on Saturday, February 16th, 2019.

ENTRY FEE: \$10.00 until Saturday, February 16th, 2019.
Cheques made payable to the Bermuda Pacers Track Club.

PLEASE USE CORRECT ENTRY FEE.



LATE ENTRIES: \$15.00 Accepted from February 18 - February 19, 2019 **NO ENTRIES WILL BE ACCEPTED ON RACE DAY.**

COURSE:

4 and 5 year-old boys and girls will run one lap around the track. 6 and 7 year-old boys and girls will run two laps around the track. All other age groups begin on the track, and will run a well marshalled and clearly marked course in the Arboretum and return to finish on the track. RACE

DIRECTORS:

Calvin Simons: 337-0237 and
Wayne Raynor: 337-0088

2019 SKYPORT MAGIC MILE ENTRY FORM

Bib# Official Use Only Race Number:

ENTRY FEE \$10.00

LATE ENTRY FEE \$15.00 (FEBRUARY 18 - FEBRUARY 19, 2019)

NAME: (Last) _____ (First) _____ (PLEASE CIRCLE) MALE / FEMALE

SCHOOL : _____ (Please circle) Pre-school Primary Middle High Home School

DATE OF BIRTH (MM/DD/YY) _____ Age on Feb. 23, 2019 _____

EMERGENCY CONTACT (Name) _____ Phone No. _____

Waiver: Intending to be legally bound and in consideration of your acceptance of this entry form to the Bermuda Pacers Track Club and Skyport Magic Mile. I hereby waive and release any and all claims I have against the Bermuda Pacers Track Club, Skyport Ltd, The Bermuda National Athletic Association and any person and organizations involved in the race, for any and all injuries suffered by the participant in this event.

Parent/Guardian (Print your name) _____ Email _____

Parent /Guardian Signature: _____ Date: _____

PLEASE PRINT AND FILL OUT ENTRY FORM COMPLETELY

GIFT BAGS FOR THE FIRST 150 AT NUMBER PICK UP