



**North American Championships
U.S. Masters Biathlon Championships
March 20-22, 2008**



Mt. Itasca, Coleraine, MN
Sponsored by Mount Itasca Biathlon Association



Event schedule

Tues. Mar 18	10:00 am - 4:00 pm	Team Arrival Unofficial Training
Wed. Mar 19	10:00 am - 2:00 pm 10:00 am - 2:00 pm 5:00 pm	Official Training Registration - Mt. Itasca Biathlon Headquarters Coaches Meeting – Sawmill Inn Election of Juries, Draws for Sprint Competition
Thurs. Mar 20	9:45 - 9:55 am 10:00 -10:45 am 11:00 am 1:00 pm 5:00 pm	Opening Ceremonies Zero Sprint Competition Flower Ceremony Coaches Meeting – Sawmill Inn
Fri. Mar 21	10:00 - 10:45 am 11:00 am 1:00 pm 5:00 pm 6:00 pm	Zero Pursuit Format Competition Flower Ceremony Coaches Meeting- Sawmill Inn Award Ceremony and Banquet – Sawmill Inn
Sat. Mar 22	9:00am Zero 10:00 am 12:00 pm	Mass Start Competition – Mass Start Flower Ceremony

**Race
Format:**

Class	Age	Sprint	Pursuit	Mass Start
Veteran*	50 +	10 k - PS	12.5 k -PPSS	15 k - PPSS
Sr Master*	40-49	10 k - PS	12.5 k -PPSS	15 k - PPSS
Master*	30-39	10 k - PS	12.5 k -PPSS	15 k - PPSS
Men	21-29	10 k - PS	12.5 k -PPSS	15 k - PPSS
Women	21-29	7.5 k - PS	10 k - PPSS	12.5 k - PPSS
Jr Men	19-20	10 k - PS	12.5 k - PPSS	15 k - PPSS
Jr Women	19-20	7.5 k - PS	10 k - PPSS	12.5k - PPSS
Youth Men	17-18	7.5 k - PS	10 k - PPSS	12.5 k -PPSS
Youth Women	17-18	6 k - PS	7.5 k - PPSS	10 k - PPSS

*Distances and courses for masters categories may be modified by the Masters Committee depending on the terrain profile available

Changes to format will be posted at www.minnesotabiathlon.com

Travel: Grand Rapids/Coleraine area is 180 miles north of the Minneapolis/St. Paul, about 3½ hours of driving time; 75 miles NW of Duluth, and 300 miles S of Winnipeg.

Directions: From downtown Grand Rapids, take Hwy 169 North, traveling east out of Grand Rapids to Coleraine, about 6 miles. When entering Coleraine, turn left at Curly Ave – follow the Ole N. Mangseth Ski Jump signs. Go past the arena, left on Cty Rd 61 for ½ mile. Turn left into the Mt. Itasca driveway – stay left at the Y.

Housing: There is a special Biathlon Rate at the Sawmill Inn, with breakfast and dinner included. The banquet and coaches meetings will be held at the Sawmill. Contact the Sawmill Inn, 2301 Pokegama Ave S. (Hwy 169S), Grand Rapids. www.sawmillinn.com, (800) 667-7508, (218) 326-8501.

\$45/day per person double occupancy

\$35/day per person triple occupancy

\$30/day per person quad

Includes coupons for 2 meals per day (breakfast & dinner)

Special rates available T,W,Th, and Friday eve. (Rooms and meals are available for regular rates before and after those dates).

For other hotel accommodations: contact the Grand Rapids Convention & Visitors Bureau, 218-326-9607, 1-800-355-9740 or

<http://www.visitgrandrapids.com/vacations/lodging/motels/index.html>

Entry Fee: \$100.00 (U.S. Dollars) for all races and includes Friday evening banquet.

Registration: Please complete Competitor Entry Form, with registration fee (US Dollars) and mail to:
Mt. Itasca Biathlon Association
P.O. Box 813
Grand Rapids, MN 55744

All competitors are required to be USBA or Biathlon Canada members in order to participate in races. Membership information for USBA is available at www.usbiathlon.org

Registration with check (U.S. Dollars) due by March 15, 2008

Coaches should also include a team registration form (attached).

For further race information, contact:

Vladimir Cervenka cervenkv@hotmail.com 218-999-5046, 218-256-8323 cell

Maren Gaalaas, Race Secretary, mareng@mchsi.com, 218-326-5227, 218-340-9589

MN Biathlon www.minnesotabiathlon.com

Hotel, travel information: www.visitgrandrapids.com 218-326-9607, 1-800-355-9740

U.S. Biathlon Association www.usbiathlon.org 1-800-242-8456





Competitor Entry Form
 North American Championships U.S. Masters Championships
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Pre-registration with payment due March 15, 2008

Last Name: _____ First Name: _____ Sex: M / F

Address: _____ City: _____ State: ___ Zip _____ Country _____

Email: _____ Phone: _____ Birth date: ___/___/___ Age: _____

USBA: or Biathlon Canada #: _____ Club or Team: _____

Emergency Contact: _____ Phone: _____

Staying in Grand Rapids area at: _____ Phone # _____

Race:

- Sprint – Thurs. Mar. 20 Pursuit Format – Fri. Mar 21 Mass Start – Sat. Mar 22

Class/Age:

- | | |
|---|---|
| <input type="checkbox"/> Veteran Men: 50 yrs and over | <input type="checkbox"/> Veteran Women: 50 yrs and over |
| <input type="checkbox"/> Sr. Masters Men: 40-49 years | <input type="checkbox"/> Sr. Masters Women: 40-49 years |
| <input type="checkbox"/> Masters Men: 30 yrs and over | <input type="checkbox"/> Masters Women: 30 yrs and over |
| <input type="checkbox"/> Men: 21-29 years | <input type="checkbox"/> Women: 21-29 years |
| <input type="checkbox"/> Junior men: 19-20 years | <input type="checkbox"/> Junior women: 19-20 years |
| <input type="checkbox"/> Youth men: 17-18 years | <input type="checkbox"/> Youth women: 17-18 years |
| <input type="checkbox"/> Boys: 14-16 years | <input type="checkbox"/> Girls: 14 -16 years |

Entry Fees:

- \$100.00 (U.S. Dollars) for all races for men, women, juniors, youth, and Sat eve banquet.
 \$30.00 (U.S. Dollars) for one race.
 Please reserve _____ extra tickets for the Fri eve banquet (enclose \$20 for each extra ticket)

Total amount enclosed: \$ _____ U.S. Dollars. Checks payable to Mt. Itasca Biathlon Association.

Please enclose payment with registration form.

Mail to: **Mt. Itasca Biathlon Association, P.O. Box 813 Grand Rapids, MN 55744**

WAIVER AND RELEASE OF LIABILITY

Identification of risk. I, _____, know that biathlon, consisting of Nordic skiing and rifle marksmanship, involves risks of serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of risk. I agree that I am responsible for my safety while participating in biathlon training and competition. I assume all risks, both known and unknown, connected with my participation.

Waiver. Being aware of the risks and willing to assume them, I waive, release and hold harmless Mount Itasca Biathlon Association, Minnesota Biathlon, Biathlon Community Development Programs, United States Biathlon Association, Mount Itasca Ski and Outing, City of Coleraine, their affiliate clubs, volunteers, directors, officers, employees, coaches, sponsors, advertisers, and owners/lessors of used premises from all claims for liability, injury, loss, or damage connected with my participation in biathlon training and competition. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain through ht time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release anyone from providing it for me.

I have read this agreement carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

 Date _____
 Participant's signature

For Participants under age 18:

I consent to the above person's participation in biathlon training and competitions. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

 Date _____
 Parent/guardian's signature

For office use: Amt Pd _____
<input type="checkbox"/> Chk # _____ <input type="checkbox"/> Cash Initials _____

