

Sunday, March 11, 2018, Sugar Hills Ski Trails/ Itasca County

Springloppet: 24k Skate, 12k Skate, 12k Classic

Age groups for Springloppet: 18 years old and under,

Men and Women 19-39,

Masters Men and Women 40+

Schedule: 10:00 AM Registration opens, bib pick-up

11:00 AM Start

Entry Fee: Springloppet \$25.00, 18 years old and under \$15.00

Registration: Race day at Sugar Hills.

Registration form and schedule available at www.skinnyski.com Please pre-register by sending the entry form to pcervenkova@hotmail.com,

Directions: From South: 169 North 10miles - after Hill City left on 17 - then 2.5miles left on CR 449 up the hill 3miles - Sugar Hills on your left. From North: 169 South from Grand Rapids 5miles right on 17 - after 2.5 miles left on CR 449 up the hill 3 miles – Sugar Hills on your left – watch for new parking lot!!!!.

Contacts: Vlad Cervenka – Race Coordinator, cervenky@hotmail.com, phone: (218) 999-504



Springloppet Entry Form

Last Name:	First	First Name:	
Address:	City:	State:	Zip
Email:	Phone:	Birth date:/_	/ Age:
Race: □ 24 km Skate	☐ 12 km Skate ☐	12 km Classic	
Entry Fee: \$25.00 Springlo \$15.00 Springlo	ppet ppet (18years old and under)		
	S U.S. Dollars. asca Nordic Ski Association.	Please enclose payment	with registration form.
WAIVER AND RELI	EASE OF LIABILITY		
permanent disability and death or negligence of others. Assumption of risk. I agree th risks, both known and unknow	, know the stand that these injuries mighat I am responsible for my safety when, connected with my participation.	ht result not only form my activate participating in nordic skiir	ons, but the actions, inactions, ng competition. I assume all
Association, Northern Lights Nofficers, employees, coaches, sor damage connected with my representatives, heirs, beneficia Insurance. I currently have, a	Nordic Ski Club, United States Biathl sponsors, advertisers, and owners/lea participation. I intend for this waiver	lon Association, their affiliate of sers of used premises from all of and release to also apply to me I participate, sufficient medical	clubs, volunteers, directors, claims for liability, injury, loss, y relatives, personal
	efully, understand that I give up subst		sign it voluntarily.
Participant's signature	Date		
For Participants under age 1 I consent to the above person's unknown, and waive all claims	s participation in nordic skiing compe	etitions. I acknowledge that I a	ssume all risks, known and
Parent/guardian's signature	Date		