



INTER-REGIONAL RACE SERIES
XSCAPE, CASTLEFORD
Sunday 16th November 2003



ENTRY SPECIFICATIONS

Each Region will be invited to enter teams of 12 racers to take part in the Final Inter-Regional Race of this series at **Castleford on Sunday 16th November 2003**. This is the final chance to battle it out for points for your Region in the overall race series. A trophy will be awarded to the winning Region.

Racers in the Regional teams must have their first named club as a club within that Region and racers cannot be substituted on the day of the race with a racer from any other Region.

These races are not individual events, although the racers will ski against the clock for individual times. The top seven finishers from each Region (including at least one female) count towards the Team results at each race. Points awarded will accumulate over the four races.

If after the closing date for entries (31 October), we have spare capacity, we will allow extra entries on a “first come first served” basis up to a total of 160 racers.

If time allows, we shall also run our usual fun team dual slalom to end the event.

Xscape, Castleford is situated just off Junction M62 – map available at

ENTRY FEE: £10 PER SKIER payable to “NORSKI UK” and posted to Race Secretary no later than Saturday 31st October 2003.

Each Region must nominate two officials to help on the day. **Any team not providing two officials on the day will not be allowed to compete.** We know it’s cold in there, but the race cannot go ahead without helpers. If we have two officials from each Region, we can change officials after the morning session. **(PLEASE MAKE SURE YOUR OFFICIALS KNOW TO BRING WARM SUITABLE CLOTHING FOR THE SNOW CONDITIONS)**

Chief of Race
Graham Beck
graham.beck@tesco.net
01756 748163

Race Secretary
Cathy Beck
2 New Brighton, Gargrave
Skipton, North Yorks.
BD23 3NS

ENTRY FORM

REGIONAL RACE SERIES – RACE FOUR – Sunday 16th November 2003

REGION _____

Reg. No.	Year of Birth	NAME	Seed Points

TEAM MANAGER _____ Tel. No.

Contact email address _____

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OFFICIAL (1) _____

OFFICIAL (2) _____

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