

2010 Balloon Challenge

When: Friday, July 30, 2010
7:00 PM

Where: Directly east of Bill Buxton Stadium (Simpson College)
North C St., Indianola, IA

Course: Flat L-shaped loop finishing on the Simpson College track

Information: For any questions call 515-961-1640 or e-mail Brad.Hofer@simpson.edu

Entry: Send entry form to:

Brad Hofer
Head Cross Country Coach
Simpson College Athletics
701 North Street
Indianola, IA 50125

Entries received by July 23\$15
(Entry includes T-shirt and 1 day admission to Balloon Classic)
Entries after July 23, but before July 30\$20
Race day registration from 5:00-6:30pm July 30\$25
All entry fees are non-refundable.

Age Divisions:

13 & under	40-49
14-18	50-59
19-29	60 & over
30-39	

Awards:

T-shirts and Balloon Classic tickets as available.
Awards to top three places in each age division
Awards to top three places overall men and women

Packet Pick-up:

Cowles Fieldhouse, North C St. (west of starting line)
Packets will be available starting at 5:00 PM on race night

Showers:

Available following the race

BALLOON CHALLENGE ENTRY FORM (one person per entry, form may be photocopied)
Make checks payable to: Simpson College Athletics

Name Last First

Address Street Apt.

City State Zip Code

Phone

E-mail

Age Division:

<input type="checkbox"/> 13 & under	<input type="checkbox"/> 40-49
<input type="checkbox"/> 14-18	<input type="checkbox"/> 50-59
<input type="checkbox"/> 19-29	<input type="checkbox"/> 60 & over
<input type="checkbox"/> 30-39	

Gender: male ☐ female ☐

Amount Paid:

By July 23: \$15
After July 23: \$20
July 30: \$25

Adult Shirt Size (circle one):

S M L XL XXL

Form downloaded at
www.FitnessSports.com

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors & administrators, waive any and all rights and claims for damages I may have against the National Balloon Classic, City of Indianola, Simpson College, & individual groups associated with this event; their agents, representatives, successors & assigns for any and all injuries suffered by myself in said event. I attest & verify that I have full knowledge of the risks involved in this event & I am physically fit & sufficiently trained to participate in this event.

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Date Signature

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Signature of parent or guardian, if under 19