



# PORTSMOUTH JOGGERS CLUB

Present the 12<sup>th</sup>

## Meon Valley Plod

SUNDAY 1<sup>st</sup> March 2009

At 10:30am

**ARC (Association of Running Clubs) permit applied for.**



A 20.6 mile(approx) cross-country multi terrain race around the Meon Valley. Remember that the weather in February can be unpredictable, come prepared! This is a tough event so only those who have trained for this distance should enter. Marshals will man the road crossings; elsewhere you will have to follow arrows/tape on a way marked course. See [www.pjc.org.uk](http://www.pjc.org.uk) for course details

<b>RACE HEADQUARTERS</b>	Sustainability Centre, HMS Mercury, near Clanfield Accommodation available – e-mail: <a href="mailto:hostel@earthworks-trust.com">hostel@earthworks-trust.com</a>
<b>ENTRY FEE</b>	£13 ARC/UKA Affiliated Club Members. £15 Non Affiliated ARC/UKA (non refundable) <b>ENTRIES ON THE DAY(+£2)</b> subject to race limit T Shirt & Medal to all finishers
<b>CHEQUES PAYABLE TO</b>	Portsmouth Joggers Club
<b>MINIMUM AGE</b>	18 years on the day of the race
<b>SEND ENTRY TO</b>	Race Director, 2 Arran Close, Cosham, Portsmouth, PO6 3UD or on line at <a href="http://www.runnersworld.co.uk/events/">http://www.runnersworld.co.uk/events/</a>
<b>EMAIL</b>	<a href="mailto:patsie54@aol.com">patsie54@aol.com</a>
<b>RACE HOTLINE</b>	023 9232 4289 (strictly between 6-8pm weekdays only)
<b>CLOSING DATE</b>	21 February 2009 (postal entries)
<b>TIME LIMIT</b>	5 hours. You may be asked to retire if you are going to exceed this time

**Please ring the size of T Shirt**

**S M L XL XXL**

Official Use only	MVP			
Surname		First Name		
Address				
		Post Code		
Telephone Number		Email		
Age on race Day		M / F		Affiliated Club
TRA MEMBER	Y/N	Est Time	Have you run this race before?	YES / NO

I ENCLOSE ENTRY FEE OF £.....

**Please send A5 Stamped Addressed Envelope (remember large letter stamp if required)**

I declare that I enter this event at my own risk and that no person(s) will be held responsible for any injury or loss to me prior to, during or after the event and that I am medically fit to participate in this event.

**SIGNATURE** ..... **DATE** .....

**DATA PROTECTION ACT:** Please note that the above information will be processed electronically and used for administration purposes. Name and finish times may be sent to results services. Please tick box if you do not wish such information to be disclosed beyond this particular event.