



A charter bus will take up to 50 athletes, parents, friends and families to this year's Champs/Eastbay South Region Cross Country Championships

**LEAVING at 5:00 A.M. Sharp!** - Friday, November 25th  
**RETURNING around Midnight** - Saturday November 26th

**Cost is \$250/per person\***

**INCLUDES:**

- ~ Chartered bus to and from Charlotte, NC
- ~ Hotel room @ Sonesta Charlotte Executive Park Hotel
- ~ Race Entry Fee & Race Program

1. Fill out, sign and return all forms including race application to Coach Butler at the address below.
2. Bring money for lunch on the way up and dinner on the way back (fast food ;-)
3. Bring pillow & blanket for the bus ride.
4. Provide payment in the form of cash, check or money order made payable to: Set Goals Not Limits. See address in box below.

**\*Pasta dinner night before race  
is not included in price**

**\*Currently working on dinner plans**

**DO NOT** send in any forms to Champs/Eastbay

Return all forms and make check payable to:  
Set Goals, Not Limits, LLC  
Doug Butler,  
2730 Village Park Dr.  
Melbourne, FL 32934

**Questions?**

Call Coach Doug Butler at  
**(321) 749-9778**

or email: [coachdbutler@gmail.com](mailto:coachdbutler@gmail.com)

**Bus pick-up and drop-off:**  
Wickham Park Community Center  
2815 Leisure Way, Melbourne, FL  
32935



[WWW.SETGOALSNOTLIMITS.COM](http://WWW.SETGOALSNOTLIMITS.COM)



# Champs Sports Cross Country South Regional 2022

Saturday, November 26, 2022 in Charlotte, NC at McAlpine Park

Please enter your registration information in the form below.

Required fields are marked with a \*.

## Personal Information

Please enter the requested information about you (or the person for whom you are registering). Be sure the contact details are correct so that we can provide important, registration-related information.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Gender\* \_\_\_\_\_

Date of birth: \*Month/Day/Year \_\_\_\_\_

## Address Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

## Contact Information

Email address \_\_\_\_\_ **WRITE CLEARLY**

Cell phone \_\_\_\_\_

Parent's cell phone \_\_\_\_\_ Parent's Name \_\_\_\_\_

## T-shirt Selection

shirt size: \*      extra-small      small      medium      large      extra-large

## **RACE CHOICE:**

- **Open Race and Masters Race**  
Race O & M
- **Boys Freshman Race**  
Race A
- **Boys Sophomore Race**  
Race B
- **Girls Junior/Senior Race**  
Race C
- **Girls Championship Race**  
Race D
- **Boys Championship Race**  
Race E
- **Girls Sophomore/Freshman Race**  
Race F
- **Boys Senior Race**  
Race G
- **Boys Junior Race**  
Race H
- **13-14 Girls and 13-14 Boys (5K)**  
Race I
- **11-12 Girls and 11-12 Boys (3K)**  
Race J
- **Boys and Girls 10 & under (3K)**  
Race K

## **Payment Information**

**PAY ONLINE: [WWW.SETGOALSNOTLIMITS.COM](http://WWW.SETGOALSNOTLIMITS.COM)**

## **Or mail check to:**

Set Goals Not Limits, LLC  
Coach Butler  
2730 Village Park Dr.  
Melbourne, FL 32934

**Champs South Region Championship Road Trip  
Consent and Release**

**Please print, except for signature**

I, \_\_\_\_\_, parent and / or guardian of \_\_\_\_\_, a minor child, hereby agree to allow my child to participate in the Champs South Region Championship road trip.

I understand that a fully insured Charter Bus Company will provide transportation. I hold harmless any individual, person, or sponsor of this event in the event of any damage, loss or injury.

I hereby attest that my child is in good health and that I know of no physical, mental or emotional reason that would prohibit him / her from participating in any of the activities offered on this trip.

If reasonable attempts to contact the minor's parent or guardian fail, I do hereby consent to any and all medical treatments which may result from illness, accident, or injury and which may be deemed advisable by medical personnel.

***This release is effective from Friday November 25th and Saturday November 26th, 2022.***

Minor's name \_\_\_\_\_

Address \_\_\_\_\_

Parent's Phone(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency # \_\_\_\_\_ Relation: \_\_\_\_\_

**Medical Insurance Information**

Insurance Company and Policy # \_\_\_\_\_

*Provide copy of current insurance card if possible*

Insured's name \_\_\_\_\_ Company \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Describe any health problems or allergies and treatments required: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(parent's signature if participant is under 18 yrs. old)

Print name of parent /guardian \_\_\_\_\_

Relationship to minor \_\_\_\_\_

10/2022

**Return this form to Coach Butler**

# COURSE MAP

**McAlpine Greenway Park  
Mecklenburg County  
Charlotte, NC  
5000 Meter Course**



**3K Races Follow Red Line  
5K Races Follow Black Dots**

