



## A NON-PROFIT BENEFIT

The Snowshoe Shuffle™ is a long standing event that benefits the Shaw Regional Cancer Center in Edwards, CO. 100% of the net proceeds from this event are invested in prevention, early detection, treatment of and recovery from cancer through the support of the Community Cancer Coalition.

## HOW TO REGISTER

**Online:** [www.shawcancercenter.com](http://www.shawcancercenter.com)

**Fax: Must be faxed by Friday, March 27, 2009**

Fax to: 970-477-4055

**On-site registration:** Sunday, April 5, 9:00 AM to 10:45 AM at McCoy Park. **There is a \$5 day of registration fee, excluding One-Mile Shufflers!**

### Dress & Gear

The weather can vary greatly in April. It can be either very warm or very cold and snowy. It's best to dress in layers. Remember to bring glasses/goggles in case it is a sunny day. Don't forget your sunscreen!! Please bring a bag clearly marked with your name. The Snowshoe Shuffle Race Committee and Beaver Creek Resort are not responsible for lost or stolen items.

## FREE PARKING

Exit I-70 at Avon, Exit #167, go South under I-70, through 3 round-a-bouts (including the one as you get off the off ramp). At the 3rd round-a-bout go West on Hwy 6, East Beaver Creek Blvd. and follow Beaver Creek directional signs to free skier parking. **FREE Shuttles will be available to bring you to and from the mountain.** We suggest you use the Beaver Creek Landing chair lift; it is the quickest and most direct access to McCoy Park. Foot passes for the lifts will be given out at Beaver Creek Landing and Strawberry Park. From Beaver Creek Landing take lift #15 then #18 to the starting line of the race in McCoy Park. From Strawberry Park take lift #12 to McCoy Park. Please be sure to give yourself an extra hour at a minimum to park, ride the lift to McCoy Park and get to the registration area/starting line. Events will begin promptly at 11:00 AM.

## RULES/OTHER INFORMATION

- All age-group winners must wear at least 8" x 22" snowshoes the entire race.
- Registration area closes promptly at 10:45 AM.
- Events will begin promptly at 11:00 AM.
- Please bring your own 2008-2009 Ski Pass (if you have one).
- Foot passes will be given out to anyone without a Ski Pass.
- No dogs allowed.
- **Sorry, children must be able to independently board the ski lift to access McCoy Park. No infants in backpacks are allowed.**

## BIBS

Available for pick-up on Sunday, April 5 at registration from 9:00 AM to 10:45 AM. Adventure Series racers are encouraged to bring this year's BCSAS bibs.

## SNOWSHOES

**FREE** Demo snowshoes by Atlas Snow-Shoe Company are graciously provided on a first-come, first-serve basis. Snowshoes can be rented at the Nordic Center next to the Medical Center in Beaver Creek starting at 9:00 AM.



*Extraordinary people. Extraordinary care.*

**Vail Valley Medical Center**

[www.vvmc.com](http://www.vvmc.com)



*Vail Valley Medical Center is proud to be a Medical Provider for the U.S. Ski and Snowboard Teams.*

**Snowshoe Shuffle™** ❄️ April 5, 2009 ❄️ McCoy Park at Beaver Creek

Vail Valley Medical Center Foundation ❄️ 16th Annual Snowshoe Shuffle™

*Events support the Community Cancer Coalition in their efforts to promote education, prevention and early detection of cancer.*



# Registration Form

BIB # \_\_\_\_\_

**Bib numbers are non-transferable! Entries are non-refundable.**

FIRST NAME	LAST NAME	MIDDLE INITIAL
MAILING ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS		
DAY PHONE	EVENING PHONE	
VISA/MC/AMEX #	EXPIRATION DATE	SIGNATURE
AGE ON RACE DAY	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

**Please check the event you are entering:**

- 10K Race ..... \$35.00
- 5K Event (*individuals competitive or non-competitive*) ..... \$35.00
- 5K Team Event (*four person minimum*) ..... (*per person*) \$30.00  
*Get \$5 off for participating with a team and have the chance to win the Team Spirit Award!*  
 Team Name \_\_\_\_\_
- One-Mile Fun Run ..... \$15.00
- Kids K Fun Run (*12 & under*) ..... FREE

**Add \$5 for day of registration fee, excluding One-Mile Shufflers!**  
**For more information, please visit [www.shawcancercenter.com](http://www.shawcancercenter.com) or call 970-479-7244.**

*(Please note: All courses will close by 1:30 PM)*

Race fee.....	\$ _____
I would like to make an additional tax-deductible contribution of.....	\$ _____
\$5 day of registration fee, April 5, 2009 ( <i>excluding One-Mile Shufflers</i> ) .....	\$ _____

**TOTAL** \$ \_\_\_\_\_

*Make checks payable to Vail Valley Medical Center Foundation  
 P.O. Box 1529, Vail, CO 81658 or fax form to 970-477-4055.*