



# 56<sup>th</sup> Belmont Ten Mile Road Race

**Belmont, NH – Saturday August 9, 2025**

**7:30 am SHARP Start Time**

**\$25.00 Registration Fee includes Race & T-shirt**

Arrive by 7:15am at the Belmont Middle School parking lot on School St. and Memorial Dr. for registration (if not pre-registered) and bib pick up.

## Registration Options:

**Online:** [Belmont 10 Mile](#) (RunSignup.com) Deadline Thursday, August 7<sup>th</sup> 12:00 Noon

**By Mail:** Mail this completed form with check to Jeff Roberts, Belmont Road Races, PO Box 922, Belmont NH 03220. Make check payable to Belmont Old Home Day.

**In Person Prior to Race:** Drop off completed form and payment at Belmont Town Hall by August 8<sup>th</sup>

**In Person Day of Race:** Register with cash at Belmont Middle School by 7:00am

**Certified Distance & #:** Ten miles - #NH24012BK - Sanctioned by USA Track and Field

**Awards/Presentations:** Division prizes, race results, and remaining awards presented as soon as possible once the last runner crosses the finish line and places are official. Ceremony will be held near finish line.

**An Open Race:** Start on Concord Street; Finish near Town Hall on Main Street

**For More Information:** Contact Courtney or Jeff (603) 707-0517 or Gretta (603) 998-7998  
Email questions to [robertsjeff175@gmail.com](mailto:robertsjeff175@gmail.com) or [recreation@belmontnh.gov](mailto:recreation@belmontnh.gov)

**Directions to Race:** Belmont is located on Rte.140, just west of Rte.106 & five miles east of Exit 20 off Interstate 93

**Computer Timing:** By Yankee Timing (Sponsored by Northeast Delta Dental)

Detach and mail entry form below to: Jeff Roberts, Belmont Road Races, PO Box 922, Belmont NH 03220

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IN CONSIDERATION OF YOU ACCEPTING THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE SPONSOR, BELMONT OLD HOME DAY ASSOCIATION, USA TRACK AND FIELD, OR THE TOWN OF BELMONT, THEIR REPRESENTATIVES, SUCCESSORS AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME IN SAID MEET. I UNDERSTAND THAT ATHLETES WHO PARTICIPATE IN THIS COMPETITION MAY BE SUBJECT TO FORMAL DRUG TESTING IN ACCORDANCE WITH USATF RULES AND IAAF RULE 144.

NAME (Print) \_\_\_\_\_ NAME (Signature) \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RUNNER (Circle) Male or Female

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CLUB/SCHOOL/TEAM: \_\_\_\_\_ T-SHIRT Size S M L XL XXL

USATF # \_\_\_\_\_

PLEASE ENTER ME IN THE RACE BY THE FOLLOWING AGE GROUP (Check appropriate category)

\_\_\_\_ HIGH SCHOOL through 18    \_\_\_\_ 19 through 29    \_\_\_\_ 30 through 39    \_\_\_\_ 40 through 49    \_\_\_\_ 50 through 59  
\_\_\_\_ 60 through 69    \_\_\_\_ 70 +