

DMV Indoor Winter Throws Series

Shot put - Weight Throw - Super Weight

Prince George's Sports & Learning Complex - Field House

8001 Sheriff Road, Landover, Maryland 20785



Open and Masters Throwers

December 1 & 15, 2017

January 5, 2018

February 2 & 23, 2018

March 2, 2018 (Series Finale Championships)

"One Day Only" Ultra Weight Pentathlon, January 19, 2017. Limited to the first 12 athletes.

USATF Certified Officials / Results by www.MDTimingllc.com / Sanctioned by USATF

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Complex and Registration opens: 6:00 am

Order of events:

Shot Put starts at 6:30 am, followed by Weight and Super Weight Throws

Onsite Registration: 1 event = \$15.00; 2 events = \$25.00; All 3 events = \$30.00

Payment (cash, check, money order or credit card), make checks/money orders

payable to Care Packages of Love, Inc.

You may bring your <u>indoor</u> throwing equipment (most implements will be provided).

For more information, call: 301-785-3582, email: dmvthrowsclinic@gmail.com or website: carepackagesoflove.org.

All proceeds benefit Care Packages of Love, Inc., 8787 Branch Ave #158, Clinton, MD 20735, a 501(c)3 nonprofit organization.







DMV Indoor Winter Throws Series Registration Form

Name:			Age: DOB:	
Address:				
City: State:		te:	Zip:	
Email:				
Emergency Contact Name: _			Telephone:	
DATE	SHOT PUT	WEIGHT THROW	SUPER WEIGHT	ULTRA WEIGHT
Friday, December 1, 2017				
Friday, December 15, 2017				
Friday, January 5, 2018				
Friday, January 19, 2018				
Friday, February 2, 2018				
Friday, February 23, 2018				
Friday, March 2, 2018				
In consideration of the Maryland-Nat Complex for physical activities, I unde assume no responsibility for injuries activities, sport programs, the use of agents, assigns or personal representathese activities. I hereby release and Inc., their directors, officers, employe injuries or property loss sustained by made available to me.	rstand the Maryland-Nati or illness that I may sust any equipment, exercise atives that I assume the ri- discharge the Maryland-I es, agents or assigns for	onal Capital Park and I ain as a result of phy or other activities. I e sk of any and all injurie National Capital Park a any and all claims fo	Planning Commission and sical condition or resulting expressly acknowledge on es and illnesses, which may and Planning Commission for injury and/or illnesses in	the Care Packages of Love, Inc g from my participation in an behalf of myself and my heir result from my participation in and the Care Packages of Love n any manner due to persona
Further, I hereby grant Care Packages of its publications, including web-base	of Love, Inc., permission ed publications, without p	to use my likeness in ayment or other consi	a photograph, video or ot derations.	her digital media in any and a
Signature of Participant:				
Signature of Parent/Guardian	:			
(Participants under 18 years)				
Date:				
Cash: Check: #	MO: Credit (Card: Visa □ MO	□ Discover □ Aı	nEx □