MANITOBA Marathon

OFFICE USE:

PROCESSED DATE: _____

PROCESSED BY: _____

MANUAL BULK ENTRIES SUMMARY

INDIVIDUAL EVENTS - (Full, Half, Walk , Super Run)

School/Company: _____ **Contact:** _____

Address: _____ **Phone:** _____ **(daytime)**

City/Prov: _____

Postal Code :_____ **MRA #** _____

NB: Bib #s & Kits will not be released until full payment & signed waivers are received.
Make cheques payable to: Manitoba Marathon

	Race	Bib#	Runner Name	Age	Sex		Race	Bib#	Runner Name	Age	Sex
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Adult Marathon:	Youth Marathon	Adult Half	Youth Half	Adult Super Run	Youth Super Run	Adult Walk	Youth Walk	TOTAL $ DUE
#_____	#_____	#_____	#_____	#_____	#_____	#_____	#_____	
$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	**$**_____