



OFFICE USE: PROCESSED DATE: _____ PROCESSED BY: _____

RELAY TEAMS

School/Company: _____
 Elementary Junior High High School

Contact: _____

Address: _____

Phone: _____
 (daytime)

City/Prov: _____

Postal Code : _____

MRA # _____

Bib #	Team Name: _____	Age	Sex
	1.		
Category	2.		
	3.		
	4.		
	5.		

Bib #	Team Name: _____	Age	Sex
	1.		
Category	2.		
	3.		
	4.		
	5.		

Bib #	Team Name: _____	Age	Sex
	1.		
Category	2.		
	3.		
	4.		
	5.		

Bib #	Team Name: _____	Age	Sex
	1.		
Category	2.		
	3.		
	4.		
	5.		

Adult Relay: # _____ \$ _____	Youth Relay: # _____ \$ _____
Total \$ due:	

NB: Bib #'s & Race Kits will not be released until full payment & signed waivers are received.

Make cheques payable to: Manitoba Marathon