

Evening Echo

WOMENS MINI MARATHON



MUNSTER'S PREMIER 4-MILE ROAD RACE

Cork, Sunday, September 24, 2006 at 1pm

★ LAST DATE FOR POSTAL ENTRIES IS TUESDAY SEPTEMBER 12, 2006

★ FINAL DATE FOR ENTRIES - SATURDAY, SEPTEMBER 16, 2006



- ☐ Only registered runners will be allowed start this year's race
- ☐ Numbers will be allocated on a first come, first served basis
- ☐ The Race Office will open at Roches Stores, Patrick Street, Cork from Thursday, September 7 until Wednesday, September 13, (excl. Sunday), and on Saturday, September 16 from 10 a.m. until 4 p.m., and from 10 a.m. until 8 p.m. on Thursday, September 14 and Friday, September 15, 2006.
- ☐ Great Street Party – Music, Clowns, Face Painting etc.
- ☐ Free Goody Bag for the first 5,000 people who collect their number from the race office.

Promoted by Athletic Association of Ireland (Cork)



www.corkathletics.org



In association with



Entrants take part at their own risk and the organisers will not be responsible for any loss or injury sustained.

ENTRY FORM

In association with



**CATEGORY PRIZES APPLY
OUTSIDE FIRST TEN FINISHERS**

PLEASE TICK CATEGORY

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> 15-17 | <input type="checkbox"/> 18-35 |
| <input type="checkbox"/> OVER 35 | <input type="checkbox"/> OVER 40 |
| <input type="checkbox"/> OVER 45 | <input type="checkbox"/> OVER 50 |
| <input type="checkbox"/> OVER 55 | <input type="checkbox"/> OVER 60 |
| <input type="checkbox"/> OVER 65 | <input type="checkbox"/> WHEELCHAIR |

OFFICIAL USE ONLY

ONLY ENTRIES ON OFFICIAL ENTRY FORMS WILL BE ACCEPTED

Entry fee €10 - Entries should be addressed to the Evening Echo Womens Mini Marathon, PO Box 25, Academy Street, Cork. Entries who wish to receive their race numbers by post **MUST** enclose a stamp addressed envelope (min. size 9" X 6") received no later than Tuesday, September 12, 2006.

Please tick this box if you do NOT want

- a) your name and address printed in the Evening Echo race results supplement ☐
b) to receive marketing information from Vhi ☐

Block capitals please

Christian Name:																			
Surname:																			
Address:																			
Tel No:																			
Signature:																			

Postal entries must include a stamp addressed envelope



Complete Your Day