

APPENDIX 1

MANITOBA RUNNERS' ASSOCIATION
CALENDAR INCLUSION FORM FOR YEAR 2019

Please submit this form to the MRA, along with the signed Race Director's Agreement, by December 31, 2018.

Name of race _____

Date of race _____

Start time _____ distance(s) _____

Location _____

City/town _____

Event contact person

Name _____

Address and postal code _____

Telephone _____ Email _____

Event First Aid/Medical Coverage:

First Aid/Medical Coordinator on the organizing committee: _____

Who will be providing first aid/medical support at the event: _____

Qualifications: Training: _____

Certification Level: _____

Additional medical information: _____

Yes, we will clearly offer the \$5 MRA Discount at the time of registration

Print how you would like your race to appear on the calendar:

- In the first line, state race name and race distances.
- In the second line, state location of race and overall start time.
- In the third line, state contact person, phone number and e-mail address.

Please try to be as concise as possible, as many events must appear on calendar.

EXAMPLE: SPRING FESTIVAL 5K RACE
Assiniboine Park Conservatory 9:00 am
Ivana Runn 985-4039 IRunn@mra.ca