

APPENDIX 1.

**MANITOBA RUNNERS' ASSOCIATION
CALENDAR INCLUSION FORM FOR YEAR 2017**

Please submit this form to the MRA by December 31, 2016.

Name of race _____

Proposed date _____

Start time _____ distance(s) _____

Location _____

City/town _____

Event contact person(s)

Name _____

Address and postal code _____

Telephone _____

(business)

(residence)

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: _____

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

- In the first line, state race name and race distance.
- In the second line, state location of race and start time.
- In the third line, state contact person(s) and phone number(s) and e-mail address if desired.

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

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