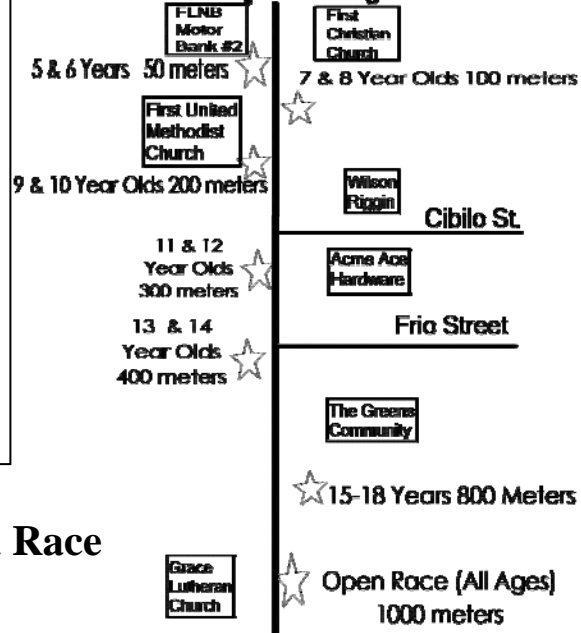




5-6 yrs 50 meters 9:30 am	7-8 yrs 100 meters 9:35 am
9-10 yrs 200 meters 9:40 am	11-12 yrs 300 meters 9:45 am
13-14 yrs 400 m 9:50 am	15-18 800m 9:55 am
	Open Race 1000m 10 am

Chisholm Trail Fun Run & Road Race

Course Map & Starting Lines



WHO: Runners of All Ages

WHAT: 12th Annual Chisholm Trail Youth Road Race

WHERE: San Antonio Street along the Parade Route

WHEN: Saturday, June 15, 2013

TIME: Listed above according to age

COST: By Wednesday, June 12th: \$10
After June 12th: \$15


MAIL TO: Scott Hippensteel
10201 Shinnecock Hills
Austin, TX 78747

AWARDS: 5-10 Years (Medal & T-Shirt)
11-18 Years (Medal, T-Shirt, Top 3
Trophy in each division) (Boys/Girls)

**June 12th
Deadline
For Pre-
Registratio**

PACKET PICKUP & LATE REGISTRATION
Wilson Riggins Lumber
Corner of Cibilo and San Antonio Streets
Race Day Morning - 8:00 – 9:00 AM

Entry Forms may be returned to:
 Freshmen Campus: (Scott Hippensteel/Tim Bayliss)
 Plum Creek: (Lenaya Smith) Clear Fork: (Joann Alfier)
 Navarro: (Angela Fulton) Carver: (Patti Daily)
 High School : (Dave Cich) Bluebonnet: (Candi Schuelke)
 Junior High: (John Donley/Karli Rodriguez/Stefani Evans)

 **Make Checks Payable to: Lockhart Roadrunners**

Student First Name: _____

Age on 6/8/13: _____

Student Last Name: _____

Grade (2012-13): _____

Street Address: _____

School (2012-2013): _____

City/State/Zip: _____

Shirt Type: Adult / Child (Circle ONE)

Shirt Size (Circle ONE) : XS S M L XL

Phone: _____

Alt. Phone: _____

I give my child _____ permission to participate in the **Chisholm Trail Youth Road Race**. I understand my child will be participating in a strenuous athletic event that may result in serious physical illness or injury. I hereby release Lockhart Roadrunners, Chisholm Trail Youth Road Race, and all event sponsors from all legal liability for my child related to their participation in this Road Race. In case of accident or illness, I request to be contacted at the phone numbers listed above. If I cannot be contacted, I hereby authorize emergency medical assistance for my child as deemed necessary.

Parent/Guardian Signature: _____

Date: _____

Mail Entries by June 12th to:
 Scott Hippensteel
 10201 Shinnecock Hills
 Austin, TX 78747