

Self-Transcendence Series



One entry form is required per person. You may make photocopies if required. Please choose from the following options:

- Mail this entry form with a cheque to: Sri Chinmoy Marathon Team, PO Box 22-327, Christchurch
- Fax this entry form with credit card details to 377-2708

Enquiries please phone 03 974-3044 or 021 055 3023 or email christchurch@srichinmoyraces.org.

Event	Adults	Over 60s	Under 20s, Students
100km/12 hour walk	<input type="checkbox"/> \$80	<input type="checkbox"/> \$70	18+ <input type="checkbox"/> \$70
50km	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	18+ <input type="checkbox"/> \$40
Marathon	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	18+ <input type="checkbox"/> \$40
25km	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25	17+ <input type="checkbox"/> \$25
Half-Marathon	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25	17+ <input type="checkbox"/> \$25
Duathlon	<input type="checkbox"/> \$35	<input type="checkbox"/> \$30	13+ <input type="checkbox"/> \$30
10km	<input type="checkbox"/> \$18	<input type="checkbox"/> \$14	15+ <input type="checkbox"/> \$14
5km	<input type="checkbox"/> \$18	<input type="checkbox"/> \$14	13+ <input type="checkbox"/> \$14
Trail Run 12km	<input type="checkbox"/> \$18	<input type="checkbox"/> \$15	15+ <input type="checkbox"/> \$15
Trail Run 6km	<input type="checkbox"/> \$18	<input type="checkbox"/> \$15	13+ <input type="checkbox"/> \$15
Cross Country	<input type="checkbox"/> \$18	<input type="checkbox"/> \$14	13+ <input type="checkbox"/> \$14
2.5km			<input type="checkbox"/> \$7

We require that entrants be 13 years to run 5km, 15 years to run 10km, and 17 years to run 21km. Research indicates endurance sports may lead to cumulative trauma on the musculoskeletal systems of children and young adults.

Event Date: _____

First Name: _____ Surname: _____

Email Address: _____

Gender: Female Male

Street Address: _____

Suburb: _____ City: _____

Home phone: _____ Mobile: _____

Date of birth: _____ Age on race day: _____

Club name: _____

List of any medical conditions: _____

Payment Method: Cheque Credit card Total: \$ _____

Credit Card Details: (Please note that charge will be listed as The Lotus-Heart)

Cardholder name: _____

Card no.: _____ Expiry Date: _____

Card type: Visa Amex Mastercard

I verify that the above details are correct.

Signature: _____ Date: _____