

**CHETWYND & DISTRICT
REC CENTRE
ANNUAL ½ MARATHON**



**REGISTRATION WILL BE OPEN
AUGUST 1ST – SEPT 9TH, 2024**

RACE DAY SEPT 14TH @ 8AM

**BC ATHLETICS MEMBER \$50
NON ATHLETICS MEMBER \$65
3 TEAM RELAY \$85**

GENERAL INFORMATION

There are 3 water stations spread out throughout the 21km

Your race registration includes a race package and refreshments after the race at the Fit Park (5204 North Access)

THE RACE IS APPROX. 21KM

MEN'S Race

Individual race for runners 12+ years

WOMEN'S Race

Individual race for runners 12+ years

3 Team Relay

Team made up of 3 individuals each running a separate portion of the race. Exchanges will take place at the first and third stations

For further information, please contact Elaine Webb

elainewebb@gochetwynd.com

Chetwynd & District Rec
Centre
PO Box 757
Chetwynd, BC
V0C 1J0

**ABOUT
THE
COURSE**

The racers will run from Crow Feathers General Store & Gas Station, 2480 Highway 29 to Chetwynd. There will be 3 water stations approximately the 7km, 10.5km and 14km.

Relay exchange will take place at the first and Third Station

Race ending at Fit Park
(5204 North Access Rd)



ANNUAL CHETWYND 1/2 MARATHON REGISTRATION

REGISTRATION will be OPEN
August 1st – Sept 9th, 2024

BC Athletics Member
\$50

Non Athletics Member
\$65

3 Team Relay
\$85

Orientation for the course will be presented in at Crow Feather parking lot at 7:45am Saturday September 14th prior to the race start time

Race begins at 8am

Race to start at Crow Feathers General Store & Gas Station (2480 Highway 29) and finish at Fit Park (5204 North Access Rd)

REGISTRATION FORM

NAME: _____

Relay 2nd person: _____

Relay 3rd person: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____

EMAIL: _____

T-Shirt Size: _____

BC ATHLETICS MEMBER: Yes No

DIVISION: Men's

Women's

3 Team Relay

Registration Fee: \$ _____

Total Amount Paid: \$ _____

In consideration of acceptance of this entry, I hereby, for myself, my heirs executors and administrators, waive any and all rights, claims or damages I may have against the Chetwynd & District Rec Centre and the Civic Properties Commission, and any sponsors and assigns for any and all injuries I may sustain during this event.

Name: _____

Signature: _____

Parent or Guardian signature if under 18 yrs of age.

Parent / Guardian Name: _____

Signature: _____

Date: _____