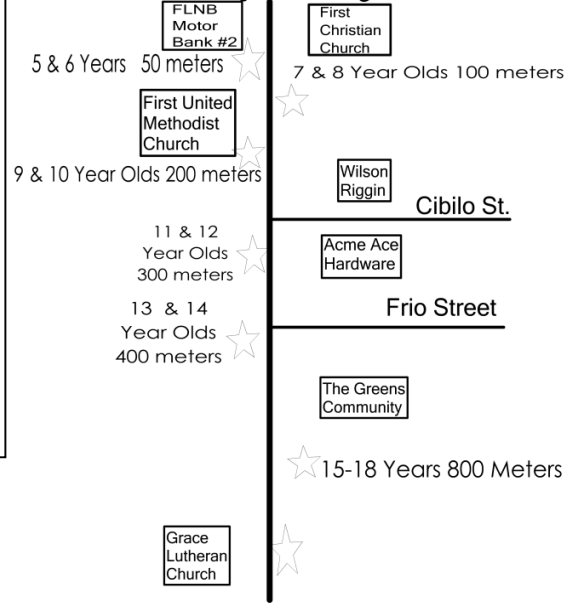




<b>5-6 yrs</b> 50 meters 9:30 am	<b>7-8 yrs</b> 100 meters 9:35 am
<b>9-10 yrs</b> 200 meters 9:40 am	<b>11-12 yrs</b> 300 meters 9:45 am
<b>13-14 yrs</b> 400 m 9:50 am	<b>15-18 yrs</b> 800m 9:55 am

**Chisholm Trail Fun Run & Road Race**

**Course Map & Starting Lines**



**WHO:** Runners of All Ages  
**WHAT:** 15<sup>th</sup> Annual Chisholm Trail Youth Road Race

**WHERE:** San Antonio Street along the Parade Route

**WHEN:** Saturday, June 11, 2017

**TIME:** Listed above according to age

**COST:** By Wed, June 8th: \$10  
 After June 10th: \$15

**Family Special:** \$10 for 1<sup>st</sup> child plus \$5 per each additional child

**June 8th  
 Deadline  
 For Pre-  
 Registration**

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

**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)

**Entry Forms may be returned to:**  
**9<sup>th</sup> Campus:** (Scott Hippensteel/Reuben Ortiz)  
**Plum Creek:** (Lenaya Robinson) **Clear Fork:** (Joann Alfier)  
**Navarro:** (Deanne Franco) **Carver:** (Cheryl Dozier)  
**Bluebonnet:** (Karli Rodriguez)  
**Junior High:** (Joseph Sanchez/Stefani Evans)

**Make Checks Payable to: Lockhart Roadrunners**

Student First Name: \_\_\_\_\_  
 Student Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Age on 6/10/17: \_\_\_\_\_  
 Grade (2016-17): \_\_\_\_\_  
 School (2016-17): \_\_\_\_\_  
 Shirt Type: Adult / Child (Circle ONE)  
 Shirt Size (Circle ONE): XS S M L XL

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 any and 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 10th to:**  
 Scott Hippensteel  
 10201 Shinnecock Hills  
 Austin, TX 78747