

EVENT 3

PREFERRED DATE: _____

ALTERNATIVE DATE: _____

NAME OF RACE: _____

VENUE: _____

Distance	5km	10km	15km	21,1 km	32km	42,2 km	50km	Other Specify
Run								
Walk								
Start Time								

Contact Persons 1.
2.

Tel:
Tel:

Did your club cancel a race in the last two years? Yes or No *If yes, please specify why your race was cancelled:*

Application Motivation for Event 3: _____

I, as authorized representative of AGN Club _____ hereby declare that:

- Our club is in good standing with AGN and all fees owed to AGN have been fully paid up
- Our Club has the necessary expertise and capacity to present a quality race

SIGNATURE

FULL NAME

DATE