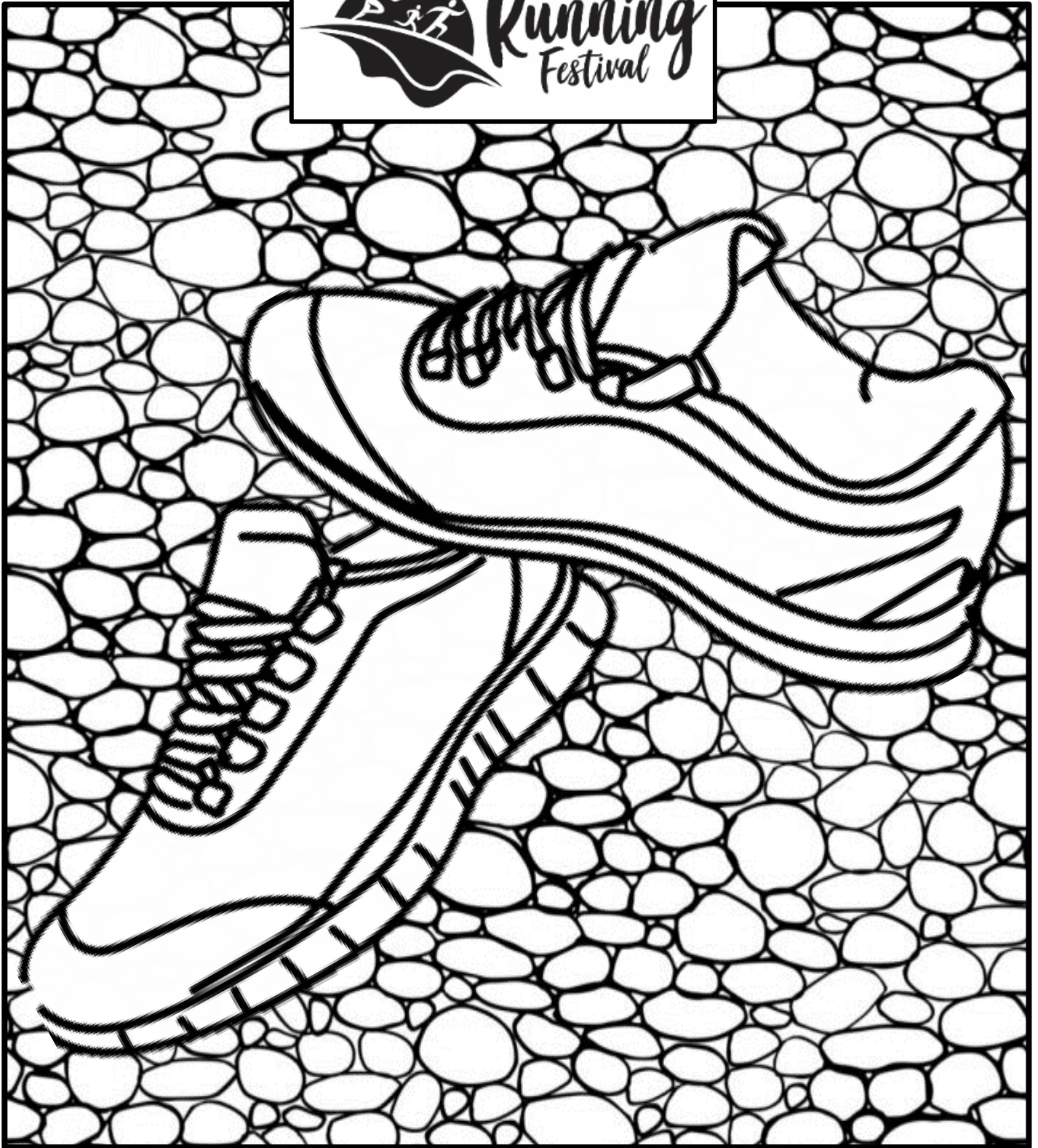




Name: _____ Age: _____ Parents name: _____ Parents Ph no: _____

What is your favourite thing about Running? _____

Hand in your completed entries to Live Life Pharmacy, WTA Library or bring down on race day, 23 July 23.



Design your own pair of running shoes.

Name: _____ Age: _____ Parents name: _____

Parents Ph no: _____

What is your favourite thing about Running? _____

Hand in your completed entries to Live Life Pharmacy, WTA Library or bring down on race day, 23 July 23.