

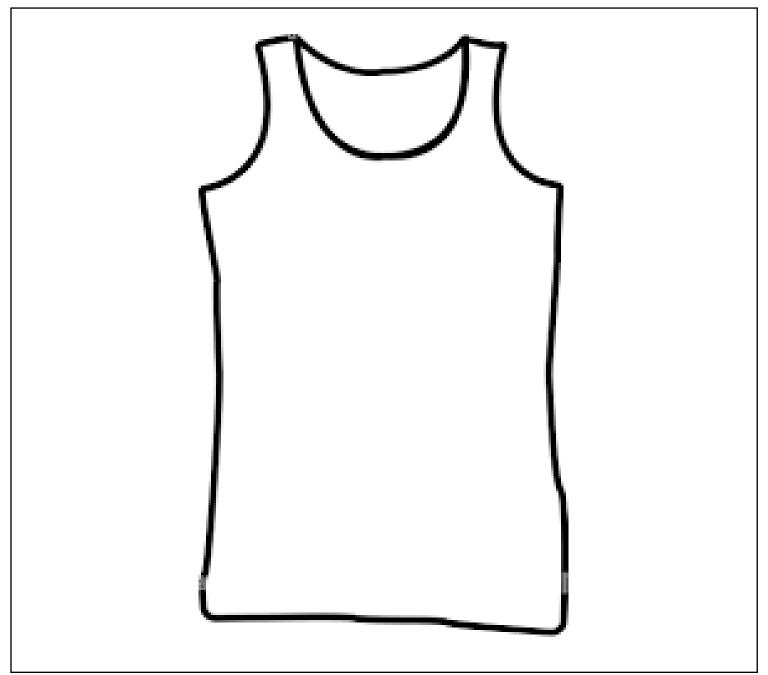
Design your own pair of running shoes.

lame:	_Age:	_Parents name:	_ Parents Ph no:
What is your favourite thing about Running?			

Hand your completed entry into Live Life Pharmacy or Hibberd Library by Saturday 20th July.

Or bring on RACE DAY.



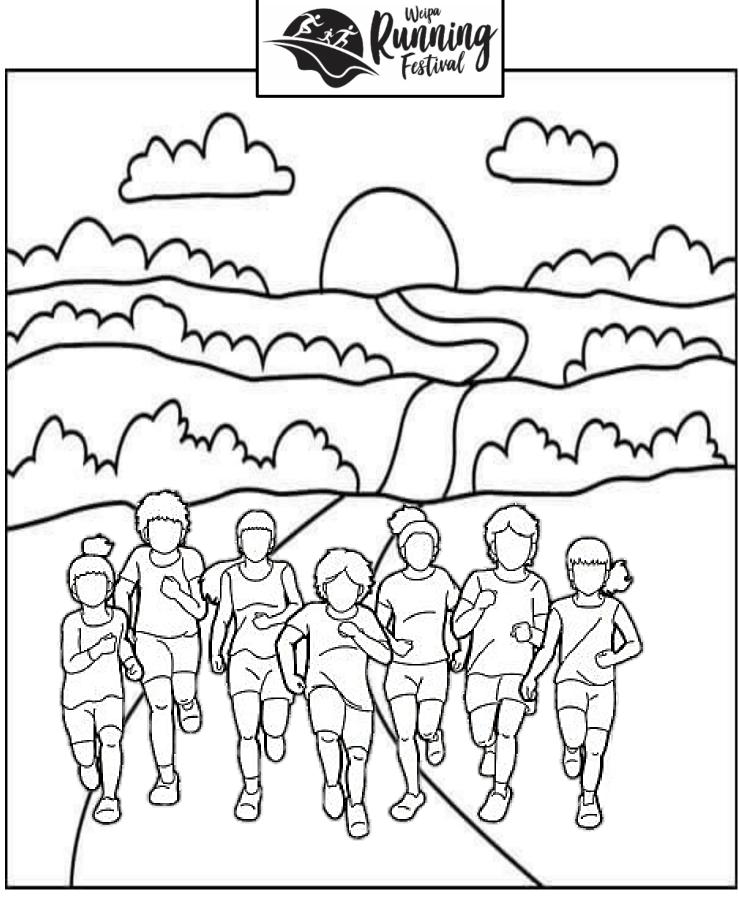


Design your own running singlet.

Name:	Age:
Parents name:	Parents Ph no:
What do you love about running? _	



Name:	_Age:
Parents name:	_ Parents Ph no:
What do you love about running?	



Name:	_Age:
Parents name:	Parents Ph no:
What do you love about running?	



What do you love about running?