

# The Saltash Half Marathon 2019



**Sunday 9th of June 2019 at 10am**

**Organised by the Tamar Trotters**

*If you like a challenge then this is the race for you.*

*Under UK Athletics Rules. Licence No 2019-37095*



**Saltash Rugby Club, Moorlands Lane, Saltash, Cornwall, PL12 6HJ**

A scenic out and back route taking in a loop of rural lanes and urban streets.

Traffic free start & finish area. Hilly course, not suitable for wheelchairs.

Full results & race information available at [www.tamartrotters.co.uk](http://www.tamartrotters.co.uk)

Postal entries to: Sue Court, 3 Mortimore Close, Saltash, Cornwall PL12 4LH

**Please enclose a S.A.E. if you require your number posting back to you**

**Full Entry Fee £17, £2 discount for UKA affiliated runners, £15. £2 extra if entering on the day**

**ALSO  
SALTASH FUN RUN  
sponsored by SPAR**

*Starts at 09:00am Approximately 2 miles  
Under 9s must be accompanied by an adult*

*Entries on the day only £2*



## Saltash Half Marathon Prizes

Male	Female
1 <sup>st</sup> three overall	1 <sup>st</sup> three overall
Senior male	Senior female
1 <sup>st</sup> under 25	1 <sup>st</sup> under 25
Vets 35-39	Vets 35-39
Vets 40-44	Vets 40-44
Vets 45-49	Vets 45-49
Vets 50-54	Vets 50-54
Vets 55-59	Vets 55-59
Vets 60-64	Vets 60-64
Vets 65-69	Vets 65-69
Vets 70+	Vets 70+
1 <sup>st</sup> male and female teams (Male 4 to count. Female 3 to count)	

## ENTRY FORM

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on race day \_\_\_\_\_

email address \_\_\_\_\_ Gender: Male / Female

Entry Fee enclosed \_\_\_\_\_ Cheques made payable to "Tamar Trotters"

I accept that the organisers will not be liable for any injury, loss, damage, action, claim, costs or expenses which may arise as consequence of participation in this event. I declare that I will not compete in these races unless I am in good health on the day, and in any event I will only compete at my own risk. I agree to abide by UK Athletics rules. I acknowledge that medical support will be provided by St Johns Ambulance. The information provided by you on this form will be used solely for the purpose of race results and identification for health and safety reasons. The information will only be available to members of the results team and appropriate race officials and will not be passed to any other person or agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_