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ARC Permit number: 16/254

Sunday 4th September, 2016 at 10:00am

A scenic route full of interest and undulating over old railway lines and quarry paths between

Coxhoe and Kelloe in County Durham.

Start at Public byway (Coxhoe Hall), enter path leading to Old Kelloe Way and follow the sign posted Limestone LinX route (loop shaped), ending back near start point.

Registration: At the Active Life Centre @Coxhoe, Linden Grove, Coxhoe DH6 4DW. Free parking and changing facilities available. Registration closes at 9:00am. Entries will not be acknowledged - please collect race numbers on the day from 8:00am from the Active Life Centre.

(Entries on the day are subject to a limit of 300 participants).

Numbers may be transferred but race organisers need to

be notified by 8:30am of the change of name.

Please allow 10-15 minutes to walk from the Active Life Centre to the start point of run and ensure you leave sufficient time to collect your number and get to the start point. A shuttle service will be available - advanced booking required.

For more information contact: Active Life Centre @Coxhoe Tel: 0191 377 1789 Email: bal@activelifecoxhoe.co.uk web: www.activelifecoxhoe.co.uk



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ENTRY FEES UK Athletics Club Member: £10 Non-club Member: £12 Race day entries will be an additional £2 Entry fee includes Trail Run T-Shirt PAYMENTS can be made in person at the Active Life Centre or by phone 0191 377 1789 or online via our website Cheques made payable to Future Leisure in Coxhoe	<u>PRIZES</u> 1st, 2nd and 3rd Place Trophies in Men's and Women's Overall 1st and 2nd Place Trophies in all Veteran Categories Men's: 40 50 60 70 Women's: 35 50 60 70	
ENTRY FORM Entry closing date: 28th August, 20 SURNAME: FIRST ADDRESS:	NAME: DOB://	
	POSTCODE:	
EMAIL:	TELEPHONE:	
Are you: Male Female Age on race day:	(must be 17 years old on race day) T-SHIRT SIZE: S M L XL	
Are you a member of an affiliated UK Athletics Club?: Yes		

Declaration: I understand that I participate completely at my own risk and organisers will not be held responsible for any loss or injury incurred to my person, however caused, during or as a result of taking part in this race.

Signed:

If yes, name of club:

ATHLETICS CU

 Date:	

Registration Number:

