Youth Half Marathon – Activity Log

Name: _____ **Age on race day:** _____

School Representing: _____ **Grade:** _____

Is this your first race? Yes No **Date Started:** _____

Date	# of minutes	Distance	Parent/Teacher signature
April 13, 2012		1.1 mile	

TOTAL MILES LOGGED: _____

*note: a minimum of 12 miles must be logged by race day, Friday, April 13, 2012

For more information visit www.palmettohalfmarathon.com or email info@palmettohalfmarathon.com

Select Health
of South Carolina, Inc.
An AmeriHealth Mercy Company