

TRIMESTER CHAPTER/INDIVIDUAL ROAD RUN FORM

Chapter Name: _____
State Delegate: _____

Date: _____
Phone: _____

CHAPTER

Number of Chapter Road Runs: _____

Number of Chapter Members: _____

Chapter Total Milage: _____

In State Miles: _____

Number of Members with Individual Road Runs: _____

Outside Miles: _____

INDIVIDUAL - In Minnesota

Top 3 Individuals with Most Roadruns

Name: _____
Name: _____
Name: _____

Number of Road Runs: _____
Number of Road Runs: _____
Number of Road Runs: _____

Top 3 Individuals with the most miles:

Name: _____
Name: _____
Name: _____

Number of Miles: _____
Number of Miles: _____
Number of Miles: _____

INDIVIDUAL - Outside Minnesota

Top 3 Individuals with Most Road Runs

Name: _____
Name: _____
Name: _____

Number of Road Runs: _____
Number of Road Runs: _____
Number of Road Runs: _____

Top 3 Individuals with the most miles:

Name: _____
Name: _____
Name: _____

Number of Miles: _____
Number of Miles: _____
Number of Miles: _____

Trimester (circle one) 1 2 3

ATTACH THIS FORM TO ROAD RUN SHEETS
Remember to make copies of everything you send me!!!