## 2026 Nishiyodogawa Ward

## 17th Ekiden Race & 11th Family Mini-Marathon Application Form

● Representative		, [Deadline De	c.28(Sun)]
Name			
Address	₹		
Phone Number			
E-mail			
	,		
■Ekiden	Race		
Team Name			
Division	☐ Men ☐ Women ☐ All junior and senior high school students (Free)  ※Mixed gender: Men's division    ※Participants must be junior high school age or older.		
	Leg	Name	Distance
	1		3.0km
Ekiden	2		2.5km
Runner	3		2.5km
Name	4		2.5km
	5		2.7km
	Reserve		
Pledge	☐ Must reside, work, or study in Nishiyodogawa Ward.		
■ Family Mini-Marathon			
Family Mini-Marathon		(Parent)	
Runner Name		(Child)	

You will be notified regarding participation status by mid-January.

☐ Must reside, work, or study in Nishiyodogawa Ward.

 $\square$  My child is elementary school age or younger.

Pledge

<sup>\*\*</sup>Please pay the participation fee at the secretariat from Dec.1(Mon) to Feb.4(Wed).

**<sup>%</sup>**If the number of applicants exceeds the quota, a lottery will be conducted.

<sup>\*</sup>Participation fees will not be refunded even if you do not participate or the event is cancelled due to rain.

<sup>%</sup>This information will only be used for this tournament.