Race:					Race No.		
Cost	: £2						
Full Name	<b>):</b>						
Club:							
Date of Birth:				Age:			
		pelow as approp		<b>2020</b> (Minim	num age on race	e day is 6 years old)	
Boy:	U7B	U9B	U11B	U13B	U15B	U17B	
Girl:	U7G	U9G	U11G	U13G	U15G	U17G	
Address:							
		Postcode:					
Parent/Le	gal Guardian N	ame:					
Phone No	:						
Please ente	er me for the above	e race. I am medic	ally fit, and I under	stand that I enter a	at my own risk.		
I confirm tha	at I am aware of th	ne rules imposed o	on me by the Race	Organiser and tha	t I will comply by th	nem.	
I acknowled event.	lge and agree tha	t I am responsible	for determining wh	ether I have the sk	tills equipment and	I fitness to participate in this	
			the race, responsite on the course or			ave during or because of this	
I consent to lists.	publication of my	name, club, race	category, race num	ber, finishing time	and race position	in race pre-entry and result	
Parent/Le	gal Guardian C	onsent:					
Signed: _					Date:		
Phone No	: (if different fro	om above)					