

Milton Country Park Self-Transcendence Race Series 2014

Race Entry Form

First Name:		Family Name:	
D.O.B. ___/___/___ (min age 16 on race day)		Male / Female	
Address:			
		Postcode:	
Affiliated club (or state 'none')			
<u>Emergency Contact Details</u>			
Name of contact:			
Phone number of contact:			
Their relationship to you:			

I wish to register for the following race or races (please tick):

<input type="checkbox"/>	Tuesday 1 st April 2014 (5k)
<input type="checkbox"/>	Tuesday 6 th May 2014 (2 miles)
<input type="checkbox"/>	Tuesday 3 rd June 2014 (5k)

YOU CAN ENTER ON THE DAY OR ENTRY FORMS CAN BE SENT TO D.JOHNSON, 12 TREVONE PLACE, CAMBRIDGE CB1 3TX BUT MUST BE POSTED AT LEAST ONE WEEK BEFORE RACE DAY. ENTRY FEE IS £4 AFFILIATED OR £6 UNAFFILIATED (PER RACE), WHICH IS PAYABLE ON THE DAY OF THE RACE IN CASH. RACE NUMBERS WILL BE ISSUED ON THE DAY OF THE RACE.

Entrant Declaration

I understand that the organisers will in no way be held responsible for any injury, illness or loss of property resulting from my participation in this event. I confirm that I will not participate unless I am fit to run.

In addition, I hereby declare that

- I am an amateur as defined by the rules of UK ATHLETICS,
- I will abide by the laws and rules of the governing body, and particularly:
- I will not swap my number with, or give it to, another competitor, and I understand that numbers must not be folded, cut or mutilated.

DATA PROTECTION: I understand that the above details will not be sent to third parties or used for any marketing purposes, and I have no objection for their storing on computer for race administration and result production only.

Print Name:	Signature:	Date:
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