NAME:	NAME:
Male / Female	Male / Female
ADDRESS:	ADDRESS:
POST CODE	POST CODE
Emergency Contact Number	Emergency Contact Number
Date of BirthAge on race day (Under 8s must be accompanied by a parent/guardian)	Date of BirthAge on race day (Under 8s must be accompanied by a parent/guardian)
Runner Walker Wheelchair Please circle	Runner Walker Wheelchair Please circle
Entry Fee (please circle one)	Entry Fee (please circle one)
Runner/Walker £5.00 Wheelchair £2.50 Family £15	Runner/Walker £5.00 Wheelchair £2.50 Family £15
I waive any rights against the organisation for any loss or injury as a result of participating in the event.	I waive any rights against the organisation for any loss or injury as a result of participating in the event.
Payment Details	Payment Details
Cheque or cash for £	Cheque or cash for £
All cheques should be made payable to 'The Puffin Hydrotherapy Pool	All cheques should be made payable to 'The Puffin Hydrotherapy Pool
Signed	Signed
Date	Date