

NAME: _____

Male / Female

ADDRESS: _____

_____ **POST CODE** _____

Emergency Contact Number _____

Date of Birth _____ Age on race day _____
(Under 8s must be accompanied by a parent/guardian)

Runner Walker Wheelchair Please circle

Entry Fee (please circle one)

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.

Payment Details

Cheque or cash for £.....

All cheques should be made payable to 'The Puffin Hydrotherapy Pool

Signed _____

Date _____

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