Jane Tomlinson's

LEEDS 10K

www.runforall.com

ENTRY FORM Race Date: Sunday 4 July 2010 Start: 9.00am

THIS FORM CAN BE PHOTOCOPIED and used to apply, or you can enter online at www.runforall.com. One form per person please. Capacity is expected to be achieved so don't delay apply today. Please complete in BLOCK CAPITALS.

Full Name Mr ☐ Mrs ☐ Miss ☐

Address

Postcode

Tel. No. Day Eve

Mobile

Email

UK Athletics Club

Age on 04/07/2010 ☐☐ (Min Age15 on day of race) Date of birth ☐☐/☐☐/☐☐ Male ☐ Female ☐

T-Shirt Size ☐ XL ☐ L ☐ M ☐ S ☐

Race Entry Type: ☐ General Entry £23 ☐ UK Athletic Club Members £21 ☐ Wheelchair Competitors £23

Athletes with physical special needs/disabilities other than wheelchair competitors please contact info@runforall.com to complete registration.

Do you wish to make a donation to the Jane Tomlinson Appeal Yes ☐ No ☐

Race Entry Fee £☐☐☐☐ Donation Amount £☐☐☐☐ Total Amount Paid £☐☐☐☐

Please make cheques payable to: Run For All Ltd - Leeds 10k.

☐ If you are a UK tax payer Gift Aid allows Jane Tomlinson Appeal to claim tax back from HMRC on all your donations. For every £1 you give, they'll add an extra 25p from your taxes. It doesn't cost you a penny, just simply tick the box.

Predicted Time to complete event: Hr……. Mins…... Best 10K Time (in last 12months) Hr……. Mins…...

Please tick as applicable should you like to be sent a fundraising pack for any of the following benefiting charities:

☐ Jane Tomlinson Appeal ☐ Bluebell Wood ☐ Macmillan Cancer Support ☐ SPARKS

☐ Yorkshire Cancer Centre ☐ Martin House

Please let us know if you have a special reason for running: ……

Where did you hear about the event? .....

Note: Tick box if you DO NOT WANT to receive email updates and race details on this and future Run For All events. ☐

The above details will be stored on computer for future mailings.

I have read, accept and agree to all conditions of entry available at www.runforall.com
I acknowledge that the event sponsors, race directors, or any person involved in the organization of the event shall not be liable for any injury, accidents, loss or damage suffered by me in, or by reason of the event, however such may be caused. I am HEALTHY and have NO KNOWN medical conditions or any other reason why I should not participate in the event. Cashing your cheque confirms your entry into the race.

In the event of cancellation for reasons beyond our control the entry fee will be donated to charity. If you would prefer to receive a refund please tick the box ☐

By completing this application form you consent to the collection, storage, processing and use of your personal information in accordance with the Data Protection Act 1998 or any amendment or replacement of the same.

Signed…….. Date……..

(Parent/Guardian signature also required for entrants under 16 years of age)

Print Name.....Signed.....Date.....

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Please return to Run For All Limited PO Box 314 Rothwell Leeds LS26 1BY