

LEEDS MINI & JUNIOR RUN ON THE DAY ENTRY FORM

Race Date: Sunday 7th July 2018

ALL FIELDS ARE COMPULSORY, PLEASE COMPLETE IN BLOCK CAPITALS.

Please circle: Mr/Mrs/Miss/Master	First Name:	Surname:	Race Number:
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Wheelchair Entrant: <input type="checkbox"/>	
Date of Birth: ____ / ____ / ____			
Emergency Contact Name:		Emergency Contact Number:	
Address:		Postcode:	
Email:			
Tel:		Mobile:	

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

Donation amount £ ____ . ____

Please state number of entrants next to the corresponding age category:

£6- Child aged 3-8 _____

£7- Child aged 9-14 _____ *(please fill in a separate entry form for children aged between 9yrs and 14yrs)*

£4- Accompanying Adult aged 18+ _____

For children aged between 3-8 years old who will be accompanied around the course, please provide the below details:

Child One Name: _____ Child One Date of Birth: - ____ / ____ / ____ Allocated Race Number: _____

Child Two Name: _____ Child Two Date of Birth: - ____ / ____ / ____ Allocated Race Number: _____

Total amount paid £ ____ . ____

If you are a UK tax payer, Gift Aid allows the 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.

Upon signing this registration form I have read, accepted and agreed to all terms and conditions of entry available for viewing at the Race Office

Print name: _____ Signed: _____ Date: _____

Note:

Tick if you DO want to receive our latest news, information and exclusive offers. This information will NEVER be shared with third parties and all communications will be specific to Run For All

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

I acknowledge that the event sponsors, race directors, or any person involved in the organisation 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.

By completing this application form you consent to the collection, storage, processing and use of your personal information in accordance with the 2018 General Data Protection Regulation (GDPR).

ALL PROFITS FROM THIS EVENT GO TO CHARITY