

ENTRY FORM

Please return this portion with your entry fee.

ENTRY FEE: £10 per adult, £5 per child (under 16)

First Name:..... Title:.....

Surname:.....

Home Address:.....

.....Postcode:.....

Tel. No. :..... Mobile No:.....

Email:.....

Any medical condition that we should be aware of.....

.....

Emergency contact name on event day.....

Emergency contact phone number.....



Please no dogs or reindeers.



CONDITIONS OF ENTRY

I am aware that the organisers and their employees and volunteers cannot be held responsible for any personal injury, accident, loss, damage or public liability. I can confirm I am in reasonable health and fitness. If under 16 I will be accompanied by a responsible adult.

SIGNED..... DATE.....

Signature of parent or guardian if a runner is under 16

Date of Birth(if under 16)

SIGNED..... DATE.....

Please make cheques payable to **Hospice at Home**.

Return this entry form and your fee by **Wednesday 25th November to the Fundraising Office, Federation House, Gilwilly Industrial Estate, Penrith CA11 9BL.Tel: 01768 210719**
www.hospiceathome.co.uk Registered Charity no. 1095708