

# Events Registration Form



Registered charity no. 1092545

NAME & Date OF EVENT:		THE REAPER OCR – Saturday 14 <sup>th</sup> October 2017					
SELECT EVENT (ADULT 15+)		ADULT DAY		ADULT NIGHT		ADULT DAY AND NIGHT	
TEAM / INDIVIDUAL (SELECT)		Individual		Team		TEAM NAME:	
FIRST NAME							
SURNAME							
ADDRESS and POST CODE							
TELEPHONE		CONTACT NO .....					
		MOBILE .....					
EMAIL							
OCCUPATION							
D.O.B		DATE OF BIRTH ..... <i>* between 15-18 yr olds must be accompanied by a responsible adult (18+)</i>					
GENDER		M / F (please circle)					
EMERGENCY CONTACT		EMERGENCY CONTACT NAME .....					
		EMERGENCY CONTACT NUMBER .....					
Is this your First Mud Run?		YES NO					
MEDICAL INFORMATION		Please specify any conditions and medication that the race medical team should be aware of. Conditions..... ..... Medication .....					
		It is your responsibility to declare any serious medical conditions to the Event Organisers and to record your medical details and emergency contact details on the reverse of your race number and to bring any necessary treatment with you on the day.					
WHERE DID YOU HEAR ABOUT US?							
T-SHIRT SIZE (PLEASE CIRCLE)		S		M		L XL	

I PLEDGE TO RAISE **£120** for STANDARD DAY / STANDARD NIGHT **OR £200** FOR DAY AND NIGHT ENTRY IN SPONSORSHIP IN RETURN FOR A FREE CHARITY PLACE IN SUPPORT OF ZOES PLACE BABY HOSPICE.  
*\* If you are aged between 15-18 yrs you must be accompanied by a responsible adult (18+)*

SIGNATURE: ..... DATED: .....