

Events Registration Form



Raising funds for

**Zoë's Place
Baby Hospice**

Registered charity no. 1092545

NAME OF EVENT:	THE REAPER OCR – MUDDY MINORS (6-15 YRS)		
DATE OF EVENT	Saturday 14th October 2017		
FIRST NAME			
SURNAME			
ADDRESS and POST CODE			
TELEPHONE	CONTACT NO		
	MOBILE		
EMAIL			
OCCUPATION			
D.O.B	DATE OF BIRTH		
GENDER	M / F (please circle)		
PARENT / GUARDIAN CONTACT (MUST BE ON SITE)	EMERGENCY CONTACT NAME		
	EMERGENCY CONTACT NUMBER		
Is this your First Mud Run?	YES	NO	
MEDICAL INFORMATION	<p>Please specify any conditions and medication that the race medical team should be aware of.</p> <p>Conditions.....</p> <p>.....</p> <p>Medication</p> <p>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.</p>		
WHERE DID YOU HEAR ABOUT US?			
T-SHIRT SIZE (PLEASE CIRCLE)	S	M	L XL
Please confirm that a parent or guardian will be staying on site throughout the event. *	yes		no

I PLEDGE TO RAISE **£40** IN SPONSORSHIP IN RETURN FOR A FREE CHARITY PLACE IN SUPPORT OF ZOES PLACE BABY HOSPICE.

SIGNATURE: DATED: