FOR ENTRIES BEFORE 31/12/12 HULL 10K ENTRY FORM Race Date: Sunday 19th May 2013

THIS FORM CAN BE PHOTOCOPIED AND USED TO APPLY, OR YOU CAN ENTER ONLINE AT www.runforall.com One form per person please. All fields mandatory, please complete in BLOCK CAPITALS.

Full name: Mr/Mrs/Miss			FOR OFFICIAL USE ONLY:	
ddress: Postcode:				
Tel:	\sim	Nobile:		
Email:				
UK athletics club:	А	ge on 19/05/13:	(Min. age 15 on day of race	غ)
Date of birth:	Male	Female	Wheelchair Entro	nt Inc
Emergency Contact Nar	ne:	Emergency Contac	t Number:	
If you are under 18 we require Print name:	the signature of a parent/guardian.	Signed:		
Athletes with physical spec	ial needs/disabilities other than	wheelchair competitors plea	se contact info@runforall.com	m to complete the registration.
Do you wish to make a d	onation to the Jane Tomlinson Ap	opeal? Yes 🔲 No 🗌		
£22 (Ger	neral Race Entry fee)	Donation amount	t £ Total a	mount paid £
Please make cheques pa	yable to: Run For All Ltd - Hull 10)K		
	er Gift Aid allows the Jane To y'll add an extra 25p from your to			
Predicted time to complete	event: Hr Mins Mins			
Finishers +shirt. Upon finishing the	e event every runner will receive a good	y bag including a finishers tshirt. I	Please tick the relevant box to let us	s know what size you will require:
Yorkshire Cancer Resear	ising pack you authorise us to release	ndlelighters Hull Chil	ldren's University 🗌 Cas	sh For Kids
Where did you hear abo	out the event? Word of mouth/family/friend[Other (Please specify):	Newspaper/magaz	zine Radio R	Run For All website
Internet search				
	ation form I have read, accept		-	w.runtorall.com
Print name:	Signe	d:	Date:	
Note: Tick box if you DO NO computer for future mailings.	OT WANT to receive email updates of	and race details on this and fut	ure Run For All events.□ The ab	pove details will be stored on
damage suffered by me in, o reason why I should not partic	sponsors, race directors, or any pers r by reason of the event, however su cipate in the event. Cashing your che conated to charity. If you would prefer	ch may be caused. I am HEAL eque confirms your entry into the	THY and have NO KNOWN i e race. In the event of cancellati	medical conditions or any other
	n form you consent to the collection, amendment or replacement of the sa		of your personal information in	accordance with the Data

ALL PROFITS FROM THIS EVENT GO TO CHARITY

Please return your completed entry form along with your registraton fee to:

Run For All Limited, PO Box 314, Rothwell, Leeds LS26 1BY

For further information email: info@runforall.com