Entry form



ENTRY FEE: £19.00 AFFILIATED

£21.00 NON AFFILIATED

FIRST NAME: …………………………… SURNAME: ………………………………………

ADDRESS: …………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………….

POSTCODE: …………………………….. PHONE NUMBER: …………………………….

EMAIL: …………………………………………………………………………….

DATE OF BIRTH: ………………………. AGE ON RACE DAY: ……………..............

MALE/FEMALE

AFFILIATED YES/NO IF YES CLUB NAME: ……………………………….. EST FINISH TIME:…………………….

I WOULD LIKE TO RAISE FUNDS FOR - **LIVING WITHOUT ABUSE OFFICIAL RACE CHARITY**:

YES/NO **[please circle]**

Wheelchair entrants please advise at time of entering

PAYMENT IS BY CHEQUE OR POSTAL ORDER MADE PAYABLE TO: LIVING WITHOUT ABUSE

By submitting this form I undertake to complete sufficient training. I am medically fit and have consulted my doctor with any concerns regarding my ability to race. I understand the race course will be marshalled for 3 ½ hours, after this time LWA and race organisers, marshals or volunteers take no responsibility for any competitors still on the route. All course and medical facilities will cease. I have read and do accept the terms and conditions for this race on the website.

SIGNED: ………………………………………… DATE: …………….

**Please complete and send form to:**

**LWA P O Box 16 Loughborough Leics LE11 3AX**

Event numbers, chip timing etc. will be sent to you approximately 14 days prior to race day.

ALL PROFITS FROM THIS EVENT WILL GO TO THE OFFICIAL RACE CHARITY – LIVING WITHOUT ABUSE

[www.lwa.org.uk](http://www.lwa.org.uk)



Charity number: 1121923