



ENTRY FORM



Delete as appropriate: **MALE / FEMALE** **HALF MARATHON / FUN RUN**

Surname: **Forename:**

Address:

..... **Post Code:**

Tel.No: **Date of Birth:**

Affiliated Club: **Regional Membership No:**.....

Estimated Time: **Age on Race Day:**

Tick Box to enter the Derbyshire Championships.
To enter this part of the race you must either live
In Derbyshire or have been born in Derbyshire

**IF YOU DO NOT TICK THE BOX AND INSERT 'BIRTH OR 'RESIDENCE'
YOU WILL NOT BE ENTERED INTO THE CHAMPIONSHIPS.**

NO LATE ENTRIES ACCEPTED

T-SHIRT SIZE REQUIRED

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COUNTY QUALIFICATION (ie. Birth/Residence HMF. Please state)

DECLARATION:

I am medically fit and understand that I enter at my own risk. The organisers will in no way be responsible for any injury or illness incurred as a result of the event, nor for any property lost or stolen before, during, or after the event.

If you have any medical conditions please give details

SIGNATURE: **DATE:**

All details are covered by the Data Protection Act.

Return this form to: **Eric Lane, 24 Craigston Road, Carlton in Lindrick, Worksop, Notts S81 9NG**
(Tel: 01909 730652) by Monday 23rd November, with a cheque made payable to
Clowne Road Runners, and include a 9" x 4" S.A.E.

Visit our website: <http://www.clowneroadrunners.co.uk>

Clowne Road Runners Club would like to thank the following sponsors for their much appreciated help in organising this event:-

Buckingham Insurance 01246 570600
David Slater Insurance 01246 819443
Bolsover Caravans 01246 828303

Shires Pharmacy 01246 810360
B Kinsey Builders 01246 812200
Ibis Hotel, Barlborough 01246 813222