

Entry Form

The Glendue Fell Race Entry Form

Name:-----

Address:-----

Tel Number: -----

Car Registration Number: -----M/F:----- Date of Birth: -----

Age on Race Day: -----Club: -----UKA Reg No: -----

I am medically fit to run and understand that I run entirely at my own risk and that the organisers will not be held responsible for any injury incurred during, or as a result of, taking part in this event, or for any loss of or damage to property. I have no objection to my entry details being kept on file

Signed:----- (Parent if u18)

Date:-----

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