

Please complete all the details below in **BLOCK CAPITALS** using ball point biro / waterproof ink.
By displaying this number you are agreeing to abide by the terms and conditions and rules of the event.
Only the runner to whom it is registered must wear this race number. **The swapping of race numbers is strictly prohibited.**

IMPORTANT RUNNER INFORMATION In case of Medical Emergency on Race Day

Surname.....First Name.....

Home Address.....

What Hotel are you staying at (if applicable)?.....

Name of Contact (who can be contacted on Race Day)

Home Telephone Number of Contact

Mobile Telephone number of Contact

Is anyone with you at today's event? Yes No

Name..... Mobile Number.....

Do you have any medical conditions such as heart disease, epilepsy or diabetes? Yes No

Do you have any allergies that you are aware of? Yes No

If yes please detail below.

Allergies / Medication details:

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.....

If you have any allergies or medical conditions please mark a large cross in Red on the front of the number using a felt pen.
If you are in doubt please contact your local doctor for advice and / or medical check up.