

RACE NO. ALLOCATED ON DAY _____



NEILSTON CATTLE SHOW PAD RACE 2010 Entrant Details

Name _____ Address _____

Tel. No. _____ Email _____

Sex _____

Age _____ (Minimum age 16)

Do you have any medication condition or are taking any medication that may affect your ability to take part in this race, Y/N

If yes, please specify _____

Emergency Contact:- Name _____

Tel. No. _____

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Fee Payable £8
£6 if member of SA SA No. _____

Amount Paid Cheque £ _____ Postal Order £ _____ Cash £ _____

Disclaimer – I acknowledge that information I have given on this form is correct and that the race I am about to participate in is at my own risk. I understand that any injury or loss suffered during the event is my own responsibility and no other persons will be liable.

SIGNATURE DATE

HELD UNDER UK ATHLETICS RULES