

YORK 10K ENTRY FORM | Race Date: Sunday 5th August 2012

THIS FORM CAN BE PHOTOCOPIED and used to apply, or you can enter online at www.runforall.com. One form per person please. **All fields mandatory.**

Please complete in BLOCK CAPITALS. Full name: Mr / Mrs / Miss		FOR OFFICIAL USE ONLY:
Address:		Postcode:
Tel:	Mobile:	
Email:		
UK Athletics Club:	Age on 05/08/12:	(Min. age 15 on day of race)
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
If you are under 18 we require the signature of a parent/guardian.		
Print Name:	Signed:	

Athletes with physical special needs/disabilities other than wheelchair competitors please contact info@runforall.com to complete registration.

Do you wish to make a donation to the Jane Tomlinson Appeal? Yes No

Race Entry Fee £20.12 Donation Amount £ Total Amount Paid £

Please make cheques payable to: Run For All Limited – York 10K

If you are a UK tax payer Gift Aid allows the Jane Tomlinson Appeal to claim tax back from HMRC on all your donations. For every £1 you give, they'll add an extra 25p from your taxes. It doesn't cost you a penny just simply tick the box.

Predicted time to complete event: Hr Mins

Finishers t-shirt. Upon finishing the event every runner will receive a goody bag including a finishers t-shirt. Please tick the relevant box to let us know what size you will require:
XL L M S

Please tick as applicable should you like to be sent a fundraising pack from one of the events partner charities:
Jane Tomlinson Appeal Macmillan Martin House St Leonard's Hospice Bone Cancer Research Trust

In order to send you the fundraising pack you authorise us to release your personal details including your full name and address to the pack provider.

Tell us briefly why you have decided to run?

Where did you hear about the event?
Previous participant Word of mouth/family/friend Newspaper/magazine Radio Run For All website
Internet search Other (Please specify): _____

Upon signing this registration form I have read, accept and agree to all conditions of entry available at www.runforall.com

Print Name: _____ Signed: _____ Date: _____

Note: Tick box if you DO NOT WANT to receive email updates and race details on this and future Run For All events. The above details will be stored on computer for future mailings.

I acknowledge that the event sponsors, race directors, or any person involved in the organisation of the event shall not be liable for any injury, accidents, loss or damage suffered by me in, or by reason of the event, however such may be caused. I am HEALTHY and have NO KNOWN medical conditions or any other reason why I should not participate in the event. Cashing your cheque confirms your entry into the race. In the event of cancellation for reasons beyond our control the entry fee will be donated to charity. If you would prefer to receive a refund please tick the following box.

By completing this application form you consent to the collection, storage, processing and use of your personal information in accordance with the Data Protection Act 1998 or any amendment or replacement of the same.

All profits from this event go to charity

**Please return your completed entry form along with your registration fee to:
Run For All Limited, PO Box 314, Rothwell, Leeds LS26 1BY.
For further information email: info@runforall.com**