

ENTRY FORM

OFFICIAL USE ONLY

(PLEASE PRINT IN BLOCK LETTERS)

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Forename	Wheelchair Race Entrant												
Surname	Male												
Age on Race Day	Date of Birth	Female											
Club (if applicable)													
House No. and Street													
District													
Town/City	Postcode												
Telephone (Mobile)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
E-mail													
England Athletics Registration Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												

Confirmation will be sent with race details after the closing date. A SAE is not required.

I agree to abide by England Athletics rules and any other decisions taken by the race director.

I confirm that I have no medical conditions which would endanger myself or others taking part.

Signature	Date
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Statement by parent / guardian for all runners under 18 years of age

I hereby consent that the above named person may participate in the Leeds Half Marathon. Any medical treatment necessary may be given without reference to parent / guardian and I will not hold responsible the Race Organisers, or any other person or body involved in the organisation of the event, for any injury, loss or illness resulting from the event. On signing this entry form you agree that your child's photograph may be used in promotional material.

Full Name of Parent / Guardian	Signature (Parent / Guardian)	Date
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 RETURN TO **RUN LEEDS 2011**, THE JOHN CHARLES CENTRE FOR SPORT, MIDDLETON GROVE, LEEDS LS11 5DU

PAYMENT

I enclose a cheque/postal order payable to 'LEEDS CITY COUNCIL' for the following (please tick)

- £20.00 Half Marathon affiliated (England Athletics) club runners
 £22.00 Half Marathon unattached (includes UKA levy)
 Yes! I would like to run on behalf Yorkshire Cancer Research (see overleaf)

No refunds or deferred entries will be allowed in the event of a withdrawal.

CLOSING DATE FRIDAY 8TH APRIL 2011

NO LATE ENTRIES, NO ENTRIES ON RACE DAY

Data Protection Act

We will hold your information in accordance with the principles of the DPA 1998. Your information will only be used for the purposes of administration of the Leeds Half Marathon. The Race Organisers would like to keep you informed of future sporting opportunities in the Leeds area: if you would like to receive such information please tick this box The Race Organisers would like to share your information with the Official event partners listed for the purpose of providing information on their services: if you would like to receive relevant event partner information please tick this box. The information you provide on this form will be held on computer and paper files.