

## MALVERN HALF MARATHON



permit applied for

Promoted by Worcester Athletic Club

# TEAM CHALLENGE

## The QinetiQ Corporate Challenge

### Team Entry Form

Closing date for entries 24<sup>th</sup> May 2008

Please print clearly in ink

Please enter the following for the above event. We understand that as **QinetiQ Corporate Challenge** entrants we are eligible for team prizes within that category only.

We agree to abide by the rules of **TEAM CHALLENGE** and the competition rules of UK Athletics and understand that all decisions by the organisers are final.

We endeavour to raise sponsorship on behalf of Acorns Children's Hospice.

We nominate \_\_\_\_\_

To be our team captain and understand that all communication with and by the organisers will be made through them only.

**Team Name** \_\_\_\_\_

**Team letter** \_\_\_\_\_ (A B C etc. if more than one team entered)

#### Team Captain / Competitor 1

Name \_\_\_\_\_

Age \_\_\_\_\_ (at 22/06/08)    Male  Female     Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Signature \_\_\_\_\_

I declare that I am medically fit and understand that I participate at my own risk and the organisers will in no way be held responsible for injury, illness, accident or damage sustained or caused by me during my participation in the above event.

#### Competitor 2

Name \_\_\_\_\_

Age \_\_\_\_\_ (at 22/06/08)    Male  Female     Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Signature \_\_\_\_\_

I declare that I am medically fit and understand that I participate at my own risk and the organisers will in no way be held responsible for injury, illness, accident or damage sustained or caused by me during my participation in the above event.

### Competitor 3

Name \_\_\_\_\_

Age \_\_\_\_\_ (at 22/06/08) Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Signature \_\_\_\_\_

I declare that I am medically fit and understand that I participate at my own risk and the organisers will in no way be held responsible for injury, illness, accident or damage sustained or caused by me during my participation in the above event.

### Competitor 4

Name \_\_\_\_\_

Age \_\_\_\_\_ (at 22/06/08) Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Signature \_\_\_\_\_

I declare that I am medically fit and understand that I participate at my own risk and the organisers will in no way be held responsible for injury, illness, accident or damage sustained or caused by me during my participation in the above event.

### Competitor 5

Name \_\_\_\_\_

Age \_\_\_\_\_ (at 22/06/08) Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Signature \_\_\_\_\_

I declare that I am medically fit and understand that I participate at my own risk and the organisers will in no way be held responsible for injury, illness, accident or damage sustained or caused by me during my participation in the above event.

### Competitor 6

Name \_\_\_\_\_

Age \_\_\_\_\_ (at 22/06/08) Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Signature \_\_\_\_\_

I declare that I am medically fit and understand that I participate at my own risk and the organisers will in no way be held responsible for injury, illness, accident or damage sustained or caused by me during my participation in the above event.

A team comprises a maximum of 6 competitors. Four competitors must finish the course to qualify (close) a team. Companies may enter as many teams as they wish but they must be nominated A, B, etc.

**We enclose our team fee of £105**

Cheques payable to Acorns Triple Run

Race packs, including numbers, timing chips and race day information will be despatched to the Team Captain 2 weeks prior to the event.

**Closing date for entries 24<sup>th</sup> May 2008**

Return Team Entry to: **The Race Organiser (Challenge Entries)**  
**Acorns Triple Run,**  
**Acorns Children's Hospice,**  
**350 Bath Road, Worcester, WR5 3EZ**