

ARDS HALF MARATHON 2009

ENTRY FORM

Please complete in **BLOCK CAPITALS**.

Surname: _____ First Name: _____

Address : _____

Town: _____ County: _____ Postcode: _____

Telephone no: Home: _____ Mobile: _____

Email: _____

Date of Birth: _____ Age on 3rd July 2009: _____

Male Female

Category entered (Tick one box only)

Open Over 40 Over 45 Over 50
Over 55 Over 60 Over 65

T-shirt size: small medium large X large

Name of club to which you are affiliated: _____

If sponsorship form required please tick

I acknowledge that the details given in this form are correct and that I am participating in this event entirely at my own risk and to the extent permitted by the Unfair Contract terms Act 1977. Ards Borough Council will not be liable for any loss, damage, illness or injury whatsoever directly or indirectly occasioned by or resulting from the negligence, wrongful act or default of the Council, its employees or agents or from any other cause including an act of God or the physical condition of the competitor. I hereby confirm that I am not suffering from any illness or disability which would impede my ability to take part in this event.

Signature: _____ Date: _____

I understand that photographs taken by the official race photographer may be used for promotional purposes by the Council. I give my permission for any photographs in which I am included to be used for these purposes.

Signature: _____ Date: _____

Data Protection Act

Information on this form may be used for marketing purposes but will not be divulged to any third party.
Please tick the box if you do not wish to receive information that we may send from time to time.

Entry fee enclosed: £ _____

Cheques should be made payable to: **Ards Borough Council**

Please send completed entry form and entry fee to:
Leisure Services, Ards Borough Council
2 Church Street, Newtownards, Co Down BT23 4AP

Office use only	
Payment received	
On computer	
Competitor no.	