



LINC 3 COUNTIES CYCLE RIDE

Tewkesbury Rugby Club – Sunday 10 June 2012

8.30am Registration – 9.00am Start Time

CYCLE REGISTRATION FORM

PLEASE PRINT IN BLOCK LETTERS

LAST NAME [grid]

FIRST NAME [grid]

ADDRESS [grid]

POST CODE [grid]

PHONE [grid] MOBILE [grid]

EMAIL [grid]

DATE OF BIRTH [grid]

How I heard about the LINC Cycle Ride: _____

ENTRY FEE Before the Day Adult £10 Under 16 £5 On the Day Adult £15 Under 16 £5 ROUTE (please tick) 32km _____ 64km _____

PAYMENT TOTAL ENCLOSED £ _____

Return completed registration form and cheque payable to:

LINC Attn: The LINC Office Haematology Department Cheltenham General Hospital Sandford Road Cheltenham GL53 7AN

Declaration: I understand that if I am in doubt about my health or have a medical condition that could be affected by exercise, particularly heart condition I should obtain my doctor's approval before participating in a LINC event which involves exercise. I acknowledge that I participate in this event at my own risk and that LINC cannot be held liable for any injury, loss or damage caused or sustained as a result of my participation. I confirm that I will abide by all rules and regulations set out by LINC for participating safely in this event. I understand that it is a fundraising event and that entry fees are non refundable as they cover the costs of administering the event. I understand that LINC may take photographs of me taking part in this event and permit them to use the image for promotional purposes. If signing for a child I give permission to use their image.

LINC would like to add you to their mailing list, if you would prefer not to join please tick _____

Signature of cyclist/parent/carer for under 16 years of age _____ Date _____

EMERGENCY CONTACT NAME & RELATION _____ PHONE _____