**Hallow - 12 Parish Challenge Walk**

**Saturday 9th July 2016**

**Entry Form**

Closing date for postal entries is 30th June 2016

**Please complete one form for each entrant in BLOCK CAPITALS** and return it with a self-addressed envelope (SAE not required if email address is provided) and entry fee of £10.00 per person to:

Neil Cartwright, Hallow 12 Parish Challenge Walk, Severn Bank Corner, Shrawley, Worcester, WR6 6TB.

Tel 07986 686 889 – to whom all communications should be addressed

**Name**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Please circle as appropriate:**

**Male / Female**

**Vegetarian: Yes / No**

**Route: 10 miles / 18 miles / 26 miles / 40 miles Run / Walk**

**Address** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Email Address** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Telephone No. inc STD Cod**e . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Mobile Phone (**If carried on walk**)** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Car Reg. (**If left during walk**)** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Telephone Contact Number in case of Emergency** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Any medical condition/information which may be relevant in case of accident *(Will be in strict confidence)* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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**Cheque Enclosed Value: . . . . . . entrants x £10 = total fee of £. . . . . . . . (please attach 1 form per entry)**

**Please make Cheques payable to Worcester Explorer Scouts Activities**

**I enclose a SAE** for confirmation of my entry & route description. (not required if email address is given)

**This is obligatory:**

I agree to abide by the rules of the event and to observe the Country Code at all times. I have sufficient knowledge, experience, equipment and navigational skills to take part in a long distance walk in all conditions. I confirm that I am in good health and have no medical condition that may cause undue concern or inconvenience to others. I confirm that I participate at my own risk and that no liability is accepted by the organisers for injury, damage or loss sustained by me before, during or after the event.

I will be over 16 years old on the day of the event. I understand that particular rules may apply to entrants taking part in this event and I undertake to make myself aware of these rules before I start.

**Signed** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**If under 16 years of age**, **state** **age at date of walk:** . . . . . . . .

**Parental/Guardian consent:**

**Name** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Signed** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .