## **mOOntrose Registration Form 2016**

## £10 Registration Fee Includes T-Shirt



		S FORM - Your details are held solely for the purpose of arding the event. They will not be used for any other purpose
		me (if applicable):
Address:		
Town/City:		Postcode:
Telephone No:		Date of Birth:
Email Address:		Male/Female:
Emergency Contact Name:	Emerç	gency Contact Number:
Sponsor Form: Please tick the box if y		nt to you.  t available a stamped, self addressed envelope must be
enclosed for this purpose. Cheques		
Entry Fees are non refundable. All responsible adult.	participants must be at least 1	3 years of age. Under 16's must be accompanied by a
Research UK and understand that I do any injury, damage or loss that may or result of their negligence. I agree tha physical ability to participate in the eve	so at my own risk and that neitlectur as a result of my participation the medical advice should be sought. I agree to be bound the laws	Valk which is organised by Angus Committee in aid of Cancer her Angus Committee nor Cancer Research UK will be liable for on other than in respect of death or personal injury arising as a ght from a general practitioner if I am in any doubt as to my and rules of Angus Council and the Angus Committee. I consent ts and Cancer Research UK in all media.
Signed:	Name:	Date:
Entrants under the age of 16 must have I confirm that I am the parent/legal gua Moontrose Night Walk event.		parent/guardian to confirm consent: The and hereby give my consent to his/her participation in the
Signed:	Name:	Date:

**ALL Entries to:** Moontrose Night Walk – Alana Loudon, 8 Seaton Place, Arbroath DD11 5DS **Tel:** 07591656306 **Email:** moontrosewalk@hotmail.com

United we are stronger than cancer