**INDIVIDUAL ENTRY FORM** (Team entry overleaf)

To be emailed to **secretary.worthingrc@gmail.com** or sent/dropped off to Worthing Rowing Club, Splashpoint, Marine Parade, Worthing BN11 3PN

**NAME**

**ADDRESS**

**TELEPHONE**

**SEX** M / F

**AGE**

**Payment options (in advance £5, on the day £6 per person)**

* Cheques made payable to Worthing Rowing Club
* Bank transfer - see details below

Account Name Worthing Rowing Club

Account Number 31449745

Sort Code 40 47 25

Bank HSBC, Warwick Street, Worthing, West Sussex.

Reference: 5K run + name of club or individual

* Cash/card on the day

**Declaration:**

All competitors should be medically fit to compete and understand that they enter at their own risk. The organisers will, in no way, be held responsible for any injury or illness to any person during or as a result of the event, or for any property lost on the course, in the changing rooms or in the vicinity of the course.

I hereby declare that the above information is correct and accept the terms of the competition.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Carers under 18’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM ENTRY FORM** (Individual entry overleaf)

To be emailed to **secretary.worthingrc@gmail.com** or sent/dropped off to Worthing Rowing Club, Splashpoint, Marine Parade, Worthing BN11 3PN

**NAME OF TEAM**

**TEAM ORGANISER**

**ADDRESS**

**TELEPHONE**

|  |
| --- |
| TEAM MEMBERS (Including team organiser) |
| SURNAME | FIRST NAME | SEX | AGE | ENTRY FEE |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

**Payment options (in advance £5, on the day £6 per person)**

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Bank HSBC, Warwick Street, Worthing, West Sussex.

Reference: 5K run + name of club or individual

* Pay cash/card on the day

**Declaration:**

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I hereby declare that the above information is correct and accept the terms of the competition.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Carers under 18’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_