

BOLLI

NGTON

10K

28<sup>TH</sup> AUG  
2016

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Affiliated Club \_\_\_\_\_

BH&L Membership No. \_\_\_\_\_

Age on Race Day (Min 16) \_\_\_\_\_

Est. Finish Time (Max 1.30hrs) \_\_\_\_\_

## **ENTRY FEES**

BH&L Member / Affiliated Member: **£12.50**

All other entries: **£14**

On the day: **£17**

Please make cheques payable to *Bollington Health & Leisure* and return to race organisers at *Bollington Health & Leisure, Heath Road, SK10 5EX*.

You can also enter online at [www.bollingtonrun.co.uk](http://www.bollingtonrun.co.uk)

## **DECLARATION**

**I declare that:** I will observe the race rules and obey all marshal instructions. I am medically fit to run and enter at my own risk and that the race organisers will not be held responsible for any illness or injury incurred by me during the race.

Signed \_\_\_\_\_

Date \_\_\_\_\_