

Extra runners included in your registration

Name

Email

Address

..... Postcode Date of birth

Telephone Mobile

Do you have a special reason for taking part? Y / N (delete as applicable)

If yes, what is it?

If you are registering more than one person, please choose a team name otherwise a simple one will be selected for you

Team Name

Registration includes consent for the use of event photography for the publicising of this and future Farleigh Hospice events.



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