RAF SPADEADAM BORDER REIVERS HALF MARATHON SAT 17th OCT 2015

APPLICATION FORM

Please complete in block capitals

Name
Address
Contact Number
Email Address
Sex: M/F Date of Birth Estimated time to complete distance:
Emergency Contact Name and Number:
Vehicle Details Participants are strongly encouraged to car-share where possible
Vehicle Make
Model
Colour
Registration
Driver Name
Please circle your T-shirt size:
S M

I enclose a cheque for £20.00 made payable to: RAF Spadeadam CMF

Please return you completed application and cheque to:

Border Reivers Half Marathon, Physical Education Flight, RAF Spadeadam, Gilsland, Brampton, Cumbria, CA8 7AT.

