

OX5 RUN ENTRY FORM



The Oxford Times

Office use only

Title **Name**

Team entry **Team name**

(min 5 runners)

Date of birth **Gender**

Address

Postcode **Telephone**

email

Entry fee: £10.00 in advance, £12.50 on the day before 9.30am. Payments should be made by cheque or credit card. Cheques should be made payable to 'Oxford Children's Hospital Campaign'. Please fill out below if you are paying by card:

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Issue no	Issue date	Expiry date	Security code
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Return to: Ox5 Run, Charitable Funds, Manor House, Headley Way, Headington, OX3 9DZ. Must be aged 16 years or over.

I declare that I am aged 16 years or over and that I am medically fit to run. I understand that I enter at my own risk and that the organisers shall not be held responsible for any injury, loss or damage as a consequence of my participation in the event. If I have a medical condition which may be affected by my taking part in this race, I will record it on the reverse of my race number. I understand that this information is confidential and will only be used to receive the correct treatment from the race course doctors should it be required. I understand that my details may be used in future Oxford Mail promotions.

I DO NOT wish to receive further marketing material

Signature **Date**