## 7TH DRONFIELD SCOUTS FUN RUN GROUP ENTRY FORM

## Details of Parent / Adult Guardian

**Full Name:** 

Address:

	Postcode:		
Contact Number:			
Details of Runners(s			
Full Name (please include parent/guardian name below, if running)		Age on race day	Bib # (admin use)
1			
2			
3			
4			
5			
6			
	Total (£3.50 per entry)	£	l
	Donation to 7 <sup>th</sup> Dronfield Scouts (optional)	£	
	GIFT AID: I, the parent/guardian, am a UK taxpayer and agree to 7 <sup>th</sup> Dronfield Scouts reclaiming gift aid on my donation (Tick)		
Run, entirely at the risk of	are medically fit to take part and participate in the 7th the named guardian. Neither 7th Dronfield Scout Gr ry, illness or loss of property before, during, after or	oup nor the race or	ganisers will
, ,,	Signature of parent /		

By submitting this form I agree that photographic and video footage may be taken by authorised personnel for the use in promoting the event and 7th Dronfield Scout Group. These forms are held temporarily and are securely destroyed after the event.

guardian

(must be an adult)