

REGISTRATION FORM

Please complete EVERY PART of this form in BLOCK CAPITALS and take it to registration

SI card number	<input type="text"/>	hired?	yes <input type="checkbox"/>	no <input type="checkbox"/>
first name	<input type="text"/>	(Enter ONE name only. If running with other person(s), write their name(s) in the box below)		
surname	<input type="text"/>			
club	<input type="text"/>	(Enter NONE if not an orienteering club member)		
course	<input type="text"/>			
age class	<input type="text"/>	British Orienteering member?	yes <input type="checkbox"/>	no <input type="checkbox"/>
British Orienteering number	<input type="text"/>	(Enter NONE if not a British Orienteering member)		
car registration	<input type="text"/>	travelled to event alone?	yes <input type="checkbox"/>	no <input type="checkbox"/>
emergency phone number	<input type="text"/>			

extra names / information / school

* Please report to DOWNLOAD even if you do not complete your course *

DATA PROTECTION ACT: Details may be stored on computer. It may not be possible to process an entry for anyone who objects to having their details so recorded

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