

REGISTRATION FORM

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

First name

(Enter **ONE** name only.
If running with other
person(s), write their
name(s) in the box below)

Surname

Club

(Enter **NONE** if not an orienteering club member)

Course

Age class

British Orienteering member?

yes ☐

no ☐

British Orienteering number

(Enter **NONE** if not a British Orienteering member)

SI card number

hired?

yes ☐

no ☐

Car registration

travelled to event alone?

yes ☐

no ☐

Emergency phone number

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