



Primary School Challenge

Sunday 21st March 2010

10:00am Start

Distance – 1.77km

Deadline for entries – 15th March 2010

(You can enter on line at www.lincoln.gov.uk)

“This race will be Electronically Timed”

- This race is free of charge
- Spectacular Start and Finish in Lincoln Castle
- Trophies for 1st, 2nd and 3rd finishers (male & female)
 - Team Trophy for 1st, 2nd and 3rd
 - T Shirts for every runner!
- Limited to 300 Male Runners & 300 Female Runners

Guidelines for completing this form:

1. Please read and complete all information as fully as possible.
2. *Due to the large number of runners, these races will be start as two individual races but will be electronically timed to get team times.*
3. Children should be 9 - 11 years old
4. Team members will also be eligible for individual prizes.
5. Teams must consist of 2 boys and 2 girls from same school year.
6. It is important that medical and contact information is fully completed for all runners.
7. Please try to avoid duplicating entries – enter each child only once.
8. If this is a team/multiple entry please state whether information packs should be sent to individual addresses or lead names address.
9. *Team/multiple entry only* – If stated that packs should be sent to individuals, please include addresses of all runners on a separate sheet.

Please note if you are entering more than one team, each team name must be different!

Runners name	D.O.B and age	School name (if applicable)	Team name (if applicable)	Office use only
LEAD NAME				

Home address (this is where race pack(s) will be sent. If this is a team/multiple entry please state whether information packs should be sent to individual addresses or lead names address)

.....

Contact person:.....

Contact telephone number:.....

Contact e-mail (confirmation of race number sent here once application form has been processed)

Name of person(s) who will accompany the child on the day
 (all children/teams must be accompanied by parent/guardian/teacher)

Emergency contact -
 Name:.....
 Tel number:..... Mobile number:.....

Please note any medical conditions we should be aware of:

If you do not want your child's photograph to be used in publicity material please tick here

DECLARATION:

By signing this form I declare that my son/daughter is medically fit and enter at my own risk. The organiser or sponsors will not be held responsible for any injury or illness caused to my son/daughter during or as a result of the race or for any property lost during the event.

Please note medication cannot be administered by City Council staff, it must be given prior to the activity or administered by the individual.

Parent/Guardian
 Signature:
 (Full name please print)



GET UP, GET OUT - GET ACTIVE!!

Please return application forms to: -
 Sam Small
 City of Lincoln Council
 Leisure, Sport and City Services
 City Hall
 Beaumont Fee
 Lincoln
 LN1 1DE
sam.small@lincoln.gov.uk
 01522 873524