



# ENTRY FORM



Sunday, 1st June 2008

Southwell Care Project  
*Serving Adults with  
Learning Difficulties*

I wish to enter the: **Green Trail** (5.5 miles)  **Blue Trail** (9.5 miles)   
**Red Trail** (20 miles)  **Black Trail** (37 miles)

PLEASE COMPLETE IN BLOCK CAPITALS

|                |
|----------------|
| Name .....     |
| Address .....  |
| .....          |
| .....          |
| Postcode ..... |

Date of Birth:  Office Use:

Age on day of event:

Sex:   (delete as appropriate)

Tel no:

Mobile:

E-mail: .....

**Please note:** Children under 16 **must** be accompanied by an adult (18 or over)

| Entry Fees:                                     |               | Please Tick | Enter Amount |
|---|---------------|-------------|--------------|
| <b>Adult</b>                                    | <b>£10.00</b> |             | <b>£</b>     |
| <b>Child (16 &amp; under)</b>                   | <b>£5.00</b>  |             | <b>£</b>     |
| <b>Family (2 Adults &amp; up to 3 Children)</b> | <b>£25.00</b> |             | <b>£</b>     |
| After Closing Date<br>24 <sup>th</sup> May 2008 | Adult         |             | £15.00       |
|   | Child         |             | £ 7.50       |
|   | Family        |             | £30.00       |
| <b>ADULT</b>                                    |               |             | <b>£</b>     |
| <b>CHILD</b>                                    |               |             | <b>£</b>     |
| <b>FAMILY ** (see note below)</b>               |               |             | <b>£</b>     |
| <b>DONATION</b>                                 |               |             | <b>£</b>     |
| <b>TOTAL</b>                                    |               |             | <b>£</b>     |

**\*\* Please list names and ages on the reverse of the entry form**

**All proceeds of this event will be donated to the Southwell Care Project (Registered Charity no. 1076318)**

I understand that the organisers cannot be held responsible for any injury or loss sustained by me howsoever caused and arising from my participation in Tonya's Challenge. I agree to abide by the Highway Code, the Country Code and the Event Rules on the website and at the Start/Finish venue.

Signed ..... Date .....

If you are under 16, we need your parent or a guardian to sign below to agree to the conditions of entry on your behalf. All children under 16 must be accompanied by an adult.

Print Name ..... Signed ..... Date .....

Please make cheques payable to 'Tonya's Challenge' and post to: Tonya's Challenge, 14 Westgate, Southwell, Notts NG25 0JH. Unfortunately, we are unable to offer refunds for cancellations.

Each entrant must complete & sign a separate form. Photocopies of this form are acceptable.

Website: [www.tonyas-challenge.org](http://www.tonyas-challenge.org) E-mail: [office@tonyas-challenge.org](mailto:office@tonyas-challenge.org)