

Weymouth and Portland Lions Club Charitable Trust

Reg. No. 1164686

WEYMOUTH WADE 2017 REGISTRATION FORM

EACH PARTICIPANT MUST COMPLETE A COPY OF THIS FORM AND HAND IT INTO REGISTRATION BEFORE THE START OF THE WADE						
Name:						
Address :						
Tel. No.						
E-mail Address						
 I agree to take part in the Weymouth Wade and to pay the Registration Fee of £5 I confirm I can swim and well able to make the Wade and that I enter the Wade entirely at my own risk. I confirm I have no medical conditions that may cause me to be unable to complete the Wade.(e.g. Heart Problems, Epilepsy, Breathing problems etc) 						
Signed:						
Category: (tick one)	16 years and over:		12 to 15:		5 to 11:	
Participants 5 to 11 years old must be accompanied by an adult who must sign below to confirm that they have entered the Wade on the above terms.						
Date of Birth (If 11 years old or under)						
Signature of Parent: (TO ACCOMPANY CHILD)						
IF YOU HAVE BEEN SPONSORED TO TAKE PART IN THIS EVENT PLEASE INDICATE THE FOLLOWING						
What charity/good cause is sponsorship being raised for?						
2. How much money will be raised?			£			