



The Great Knareborough Bed Race

Saturday 9th June 2012

Theme: Olympic Nations

ENTRY FORM



Please complete the form in 'Word' or complete by hand using **BLOCK CAPITALS** to avoid errors

Team Name			
Entry fee	£100 per adult team	£60 per junior team	
Organiser or Contact Name			
Address (Street) (Town) (Postcode)			
Telephone No/s	Day	Evening	
Email Address	Mobile		
Sponsored Charity			Target Amount:£
Bed Name History Has this Bed run under a different Name in Previous Years? If so give name/s and years. Please do NOT Quote other Bed/Team names that may still be in existence.	Bed Name History (If applicable)		Amount Raised Last Year:£ Potentially winning amounts may require verification
Entry Category Tick only one box	Fast Time <input type="checkbox"/>	Entertaining <input type="checkbox"/>	
Team Category Tick only one box	Adult Male <input type="checkbox"/>	Adult Female <input type="checkbox"/>	Adult Mixed <input type="checkbox"/>
	Junior Male <input type="checkbox"/>	Junior Female <input type="checkbox"/>	Junior Mixed <input type="checkbox"/>
Bed Race Marshall This entry can only be accepted if the team put forward the name of an adult to act as a Bed Race Marshall on the day. If the nominated person or a suitable substitute does not attend the required marshal briefings or attend on the day the team will not be allowed to take part. If the marshal leaves before the event is finished then the team will be disqualified	Nominated Marshall's Name Contact Details:		

- BOTH PARTS** of this entry form must be completed in full. Updates can be given at the time of the team briefing
- A current email address and phone number for all contact between the organisers and the team must be supplied
- Please feel free to enclose any team information for possible pre-race publicity
- Please make cheques payable to 'Knareborough Lions Club' Enclose SAE if you require a receipt
- Applicants must consent to detail being held on a database
- The Lions Club will not be responsible for the death or injury to participants and/or damage to the participants property arising from the Bed Race

I shall ensure that all members of the team to which this entry relates are aware of the 2012 Bed Race Rules

Printed Name: _____

Signature: _____

Date: _____

When completed, please mail the form and Entry Fee of £100 or £60 to:

Chas Brown
20 Fountains Way
Knareborough
HG5 8HU

Telephone 01423 860637

E.Mail bedrace.2012@btinternet.com

The Bed Race web page is at www.knareborough.co.uk/bedrace

Team Details (Required Information)

Name	Contact Mobile number in case of emergency on the day	Previous Bed Race Entrant Yes/No *	Age	M/F
Runner 1/Captain				
Runner 2				
Runner 3				
Runner 4				
Runner 5				
Runner 6				
Passenger				

Team Details (Optional)

<p>Is there any medical information you feel we should know about, pertaining to any of the team members? Allergies, use of inhaler etc This information will remain confidential but can be detailed on the supplied wrist bands if preferred</p>	
<p>* Any additional information worth knowing about the team, its members or charitable cause/s that may be shared</p>	
<p>See Disclaimer</p>	

Parental Authority required for Junior Teams and Passengers 16 Years Old & Under

Name	Parents Signature
Runner 1/Captain	
Runner 2	
Runner 3	
Runner 4	
Runner 5	
Runner 6	
Passenger	

The requirement to fill in this form has been brought about by the need for Knaresborough Lions to comply with safety advice given by the statutory bodies that authorise the event.

A designated team captain is required to ensure the team follow health and safety advice and to verify the safe exit of the team from the river.

It has been strongly suggested that we should know the names of all those taking part and have emergency contact details on the day. Notice of medical conditions that would be useful to first aid personnel can be added to the form but if preferred this information can be detailed on the inside of the wrist bands.

I have read the disclaimer and I am authorised to disclose this information on behalf of the team and individuals named above – Signed

**Disclaimer: Participation in this information sharing is optional and is for the sole purpose of giving Knaresborough Lions and their Bed Race partners background information on teams. This information will be shared with Stray FM and may be used in their coverage of the Bed Race before, during and after the event. Leave this section blank if you do not want to disclose the information. This information will NOT be used for any form of marketing. Please return the completed form (both pages) to:-
Chas Brown, 20 Fountains Way, Knaresborough, HG5 8HU**