YOMP 2009 APPLICATION FORM

Name: .....
Address: ……..
……...
……...
……...
Tel: ……...

	-16	16-59	60+
Age:	☐	☐	☐

	M/F	
Sex:		☐

	Full	Half	Short
Course:	☐	☐	☐

If junior, please send a separate sheet with the names of children taking part as well as their parent's or guardian's signature.

Are you in a team? Y/N ☐

Team Name……

Regular Military ☐ or T.A. ☐

Please complete a form for each individual team member (max 4). Use photocopies if necessary.

……...

I confirm that I will not compete in the Yomp 2009 unless I am fit to do so. I take part in this event at my own risk and will not hold the organisers responsible for any injury, loss, damage, action, claim, costs or expenses that might arise as a result of my participation. I have read and accept the rules and enclose my remittance as follows:-

		£
Entrants aged 16 to 59	..……@ £10	…….
Entrants under 16 or over 60	…….. @ £5	……...
Short Course	……..@ £4	……
Optional Donation to Yomp Funds		……
Total Remittance enclosed		**£……**

Please send form and remittance to:
The Rotary Club of Upper Eden c/o Kirkby Stephen Tourist Information Centre, Market Street, Kirkby Stephen, Cumbria CAI7 4QN Tel No: 017683 71199 FAX: 017683 72728 e-mail: KS.TIC@eden.gov.uk