# YOMP 2010 APPLICATION FORM

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

| | <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 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
Please include sae if receipt is required.