

EOD REGISTRATION & SAFETY SLIP
Entry will only be accepted if all details are complete & legible

Non-SI events only					
BOF Number (if any)	Surname	First name	Club (if any)	Course	Age class (if known) or M / F + birth year
Safety/Insurance information					
Car registration no:	First name and surname of anyone shadowing or competing with the person named above:		If you came to the event alone – please give address & telephone number:		
Competitors take part at their own risk. You <u>must</u> return to the Finish, even if you retire.					

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