

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

Date		SI e-card number	Tick if hired	First Name	Surname	Club (if any)	Course	Age class (if known) or M / F + birth year	BOF number (if member)
Safety/Insurance information									
Car registration no:		First name and surname of anyone shadowing or competing with the person named above:				Hiring an e-card or 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/download, even if you retire.									

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