DEE O.C. SUMMER EVENING EVENT
ELECTRONIC PUNCHING ENTRY FORM
FOR SCHOOLS OR GROUPS

Name of School or Group _____ Date _____
Contact Name _____ and Tel. No. _____

SI-card number	First Name	Surname	Age Class	Course
	Non Runners			

Notes.

1. **Full names of all taking part in any way are now required by our insurers, including helpers/teachers. Please write clearly as the information has to be entered onto the computer.**
2. **If the person is not running on own only put the e-card number beside one of them and, if possible, indicate who is running with them. Suggestion – add the same letter to each at the right side of the group list. (Only the person with the e-card number will appear on the results.) Use a second sheet if necessary.**
3. **Please give this Entry form to the Registration team when you pay.**
4. **Individual forms are not needed as this form was created to save you having to do that.**
5. **Competitors take part at their own risk. Competitors must return to the finish/download, even if they give up.**