



BUCKLAND BOUNCER RUN ENTRY FORM

Name:

Address (including Postcode):

Landline Tel:

Mobile Tel:

Email address (capitals please):

Male Female

Age on 13th June 2020

Emergency Contact name:

Emergency Contact number (during event):

Declaration

I have read and understand the terms and conditions and agree to abide by them

Signed (manual/electronic) -

Date -

GDPR – Please retain my details to inform me of future events (tick)

I consent to my child being photographed and for their picture to be used for promotional purposes (tick)