



BUCKLAND BOUNCER RUN ENTRY FORM

**Name:**

**Address (including Postcode):**

**Landline Tel:**

**Mobile Tel:**

**Email address (capitals please):**

Male  Female

Age on 8th June 2019

**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 -**

If child is under 8 years name of adult accompanying them:

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)