 **The Great Knaresborough Bed Race**

**Saturday 9th June 2018**

**Theme: ‘A Night at the Theatre’**

**ENTRY FORM**

Please complete this form in **Microsoft Word** and e-mail your completed form to [lionbedrace@hotmail.co.uk](mailto:lionbedrace@hotmail.co.uk) by 28th February 2018 along with transference of the entry fee by BACS (see below).

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| **TEAM NAME** | |  | | | | | | | | | | | | |
| **ENTRY FEE** | | **£150 per adult team** | | | | | | **£75 per junior team** | | | | | | |
| **Organiser or contact name** | |  | | | | | | | | | | | | |
| **Address**  (Street)  (Town)  (Postcode) | |  | | | | | | | | | | | | |
| **Contact ‘phone numbers** | | **Day:** | | | | | | **Evening:** | | | | | | |
| **Email address** | |  | | | | | | **Mobile:** | | | | | | |
| **Team history**  **Has this team run under a different name previously? If yes give name/s and years. Please do NOT quote team names that may still exist** | | | | | | | | **Team history** (If applicable): | | | | | | |
| **Entry category**  **\***Delete as appropriate | | | | | **\*Fast Time / Entertaining** | | | | Is your team associated with a running/athletic club? \***Yes / No** | | | | | |
| **Team category**  Mark an X by the category which applies to your team | | | | Adult male: | | | Adult female: | | | | Adult mixed: | | | |
| Junior male: | | | Junior female: | | | | Junior mixed: | | | |
| **Bed race marshals**  Entry can only be accepted if the team puts forward the name of two adults to act as ***bed race marshals*** on the day of the race. If the nominated people or suitable substitutes do not attend the required marshal briefings or attend on the day, the team will not be allowed to take part. If the marshals leave before the event is finished then the team will be disqualified. | | | | | | | | **Marshal 1 Name:**  **Telephone number:**  **Marshal 2 Name:**  **Telephone number:** | | | | | | |
| 1. | **BOTH PARTS** of this entry form must be completed in full. Updates should be given by email up until the team briefing meeting | | | | | | | | | | | | | |
| 2. | A current email address and phone number for all contact between the organisers and the team must be supplied | | | | | | | | | | | | | |
| 3. | Please feel free to enclose any team information for possible pre-race publicity | | | | | | | | | | | | | |
| 4. | Please make payment to **Knaresborough Lions. Sort Code: 60-12-26 Acc: 79142672.** You must put your Team Name as reference so that we can cross-reference entry with payment. If you cannot pay online, please contact us to arrange alternative payment | | | | | | | | | | | | | |
| 5. | Applicants must consent to their details being held on a database | | | | | | | | | | | | | |
| 6. | The Lions Club will not be responsible for the death or injury to participants and/or damage to the participants property arising from the bed race | | | | | | | | | | | | | |
| 7. | All applicants must have a bed available in order to participate in the race: Knaresborough Lions are unable to supply beds | | | | | | | | | | | | | |
| 8.  9. | Teams dropping out within 4 weeks of the bed race date will forfeit their entry fee. No refunds will be given and they will be treated as a new team the following year  Completing this form does not guarantee entry in the 2018 race. With a maximum of 90 places available, a public lottery will be held if more entries are received than places available. Closing date for entries is 11.59pm on 28th February 2018. Late entries will not be accepted. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | ***I shall ensure that all members of the team to which this entry relates to are aware of the 2018 bed race rules*** | | | | | | | | | | | | | |
|  | **Printed name:** | | | | | | | | | | | **Date:** | | |
|  | **Have you sent payment by BACS? Mark X here \_\_\_\_\_\_Entries will not be formally accepted until payment is received.**  **Please send this completed form to:** [lionbedrace@hotmail.co.uk](mailto:lionbedrace@hotmail.co.uk), Pay Knaresborough Lions. Sort Code 60-12-26, Account 79142672. | | | | | | | | | | | | | |
|  | **Enquiries** telephone: Martin Brock 07811518900 or via Contact at [www.bedrace.co.uk](http://www.bedrace.co.uk) | | | | | | | | | | |  | | |
| **Team details – required information** | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Contact mobile number**  (in case of emergency on the day) | | | Previous bed race entrant  Yes / No | | | Age | M / F |
| **Runner 1/Captain** | | |  | | | |  | | |  | | |  |  |
| **Runner 2** | | |  | | | |  | | |  | | |  |  |
| **Runner 3** | | |  | | | |  | | |  | | |  |  |
| **Runner 4** | | |  | | | |  | | |  | | |  |  |
| **Runner 5** | | |  | | | |  | | |  | | |  |  |
| **Runner 6** | | |  | | | |  | | |  | | |  |  |
| **Passenger** | | |  | | | |  | | |  | | |  |  |
| **Junior teams and passengers 16 years old & under MUST also complete the Parental Authority section below** | | | | | | | | | | | | | | |
| **Team details – optional** | | | | | | | | | | | | | | |
| Is there any medical information you feel we should know about pertaining to any of the team members? Allergies, use of inhaler etc.  This information will remain confidential but can be detailed on the supplied wrist bands if preferred | | | | | | |  | | | | | | | |
| Any additional information worth knowing about the team, its members or charitable cause/s that may be shared?  ***See disclaimer below*** | | | | | | |  | | | | | | | |
| **Parental authority required for junior teams and passengers - 16 years old & under:** | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Parent’s name/contact details** | | | | | | | |
| **Runner 1/Captain** | | |  | | | |  | | | | | | | |
| **Runner 2** | | |  | | | |  | | | | | | | |
| **Runner 3** | | |  | | | |  | | | | | | | |
| **Runner 4** | | |  | | | |  | | | | | | | |
| **Runner 5** | | |  | | | |  | | | | | | | |
| **Runner 6** | | |  | | | |  | | | | | | | |
| **Passenger** | | |  | | | |  | | | | | | | |
| A signature will be required on the scrutineering sheet for each participant aged 16 and under in order for the team to compete. This sheet will be provided with race numbers at the team briefing in May 2018.  The requirement to complete this form has been brought about by the need for Knaresborough Lions to comply with safety advice given by statutory bodies that authorise the event.  A designated team captain is required to ensure the team will follow health and safety advice and to verify the safe exit of the team from the river.  It has been strongly suggested that we should know the names of all those taking part in the race and have emergency contact details on the day. Notice of medical conditions that would be useful to first aid personnel can be added to the form but if preferred this information can be detailed on the inside of the wrist band. | | | | | | | | | | | | | | |
| I have read the disclaimer and I am authorised to disclose this information on behalf of the team and individuals named above  Name: | | | | | | ***Disclaimer:*** Participation in this information sharing is optional and is for the sole purpose of giving Knaresborough Lions and their bed race partners’ background information on teams. This information will **NOT** be used for any form of marketing. | | | | | | | | |