



ROTARY CLUB OF MAROUBRA FUN RUN

ENTRY FORM



Sunday 24 October 2010 @ 9:30am

**South Maroubra Surf Lifesaving Club
Arthur Byrne Reserve off Fitzgerald Avenue at the beach**

EVENT (select one only): 8k run 4k run 4k walk 4k wheelchair

FIRST NAME..... SURNAME.....

SEX Male Female DATE OF BIRTH dd / mm / yyyy AGE ON RACE DAY.....

STREET ADDRESS.....

SUBURB..... STATE..... POSTCODE.....

HOME PHONE..... MOBILE PHONE.....

E-MAIL ADDRESS.....

The event is conducted in the following divisions based on sex and age on race day:

RUN: under 12 (4k only) 12-15 (4k only) 16-19 20-39 40-49 50-59 60-69 70+

WALK: under 14 14 - 49 50+ **WHEEL** Open (all ages)

TEAM DETAILS (OPTIONAL): You do not have to be in a team but being part of one is fun and makes the race more interesting and enjoyable. Teams must have a designated leader and at least 3 members in the same event. Members can be of any sex and age (except school teams, which are "students only"). The team ranking is decided by the sum of the 3 fastest times in each team.

TEAM EVENT (select one only)

8k run 4k run 4k walk Primary School 4k run High School 4k run

TEAM NAME.....

TEAM LEADER: LEADER'S PHONE.....

ENTRY FEE - PAY LESS IF YOU ENTER ONLINE

AGE ON RACE DAY	Under 16	16 +
Enter online - www.MaroubraFunRun.com *	\$10	\$20
Enter prior to race day using this Form	\$10	\$25
Enter on Race Day (7:30 - 9:00am)	\$12	\$30

* Closes 12 noon Saturday 23 October.

I am paying by cash, cheque or money order (payable to the Maroubra & Districts Chamber of Commerce)

Please charge my credit card VISA MasterCard Amex

CARD NUMBER EXPIRY..... /.....

DECLARATION, RELEASE & INDEMNITY If I have provided credit card details, I hereby authorize the appropriate charge to my card. I hereby declare that the entrant is medically fit and will abide by the event rules. I hereby release and indemnify the race organizers and officials from all claims which I or my child or anyone claiming through me may have for any injury, damage or loss of property, however caused, arising from this event. (If the entrant is under 18, this form must be signed by a parent or guardian)

Signature..... Date.....

Post or fax completed form to Maroubra Chamber, PO Box 248 Maroubra 2035 Fax **96619682** or leave it at Walsh's Pharmacy in the South Maroubra Shopping Village. **Enquiries** call Richard or Philip Walsh on 9311 0088