

SOUTHEND HALF MARATHON

Organised by Rogers Running Club (affiliated to UKA, SEAA, BAF)



Working in partnership with
Southend Borough Council

OLYMPUS

Sponsored by Olympus KeyMed
in support of the Community

Sunday 13th June
2010
APPLICATION
FORM

in aid of

**Havens
Hospices**



In aid of **Havens Hospices**

Start & Finish: East Beach, Shoeburyness, Essex

ENTRY DETAILS (PLEASE USE BLOCK CAPITALS)

Title _____ First Name _____ Surname _____

Club or Team Name (if applicable) _____

Address _____

Postcode _____

E-mail address _____

Day Tel No _____ Date of Birth _____ Age on race day _____

How did you hear about the event? _____

ENTRY FEES

- Half Marathon non-club affiliated £13.00 (to include P&P) £ _____
- Half Marathon club affiliated £11.00 (to include P&P) £ _____
- I wish to donate to Havens Hospices £ _____

TOTAL AMOUNT ENCLOSED

£ _____

I want Havens Hospices to treat all donations I have made for this tax year and the six years prior to the year of this declaration, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. (please tick box)

Signed _____ Date _____

Data Protection: If you do not wish your details to be passed on to Marathon-Photos, the Official Race photographer, tick this box

Declaration: Please enter me in the 2010 Southend Half Marathon. I am medically fit to run, and understand that the organisers, sponsors or an assisting person or persons will be in no way held responsible for any injury, illness, loss or damage to my person or property incurred during or as a result of the event, or for any damage caused by me to other persons' property. I understand that the organisers reserve the right to refuse entry for any reason.

Signed _____ Date _____

Data Protection Act: Information contained on this form will be stored on computer by the race organisers. It may be made available to certain organisations and from time to time you may receive information about products, services and events relevant to runners.

If you prefer not to receive such information, please tick this box

HM10 HH EVENTS



----- Please cut along this line -----

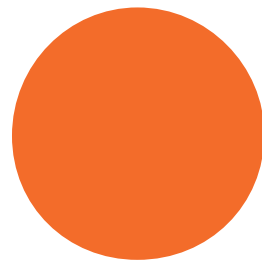
Notes about filling in your entry form

1. You can enter online at www.havenshospices.org.uk
2. The lower age limit for the Half Marathon is 17 years (UKA's rules)
3. Gift Aid – this enables the charity to reclaim the tax you have already paid on the amount of your donation. Thus for every £10 you donate the charity can reclaim £2.50 from the Inland Revenue – **this costs you nothing**, simply tick the box on the form above. **You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 25p for each £1 you give)**
4. We have considered the possibility of having wheelchair entrants, but regrettably due to the course this is not possible as we cannot guarantee reasonable safety
5. Visit www.havenshospices.org.uk for more information about the Half Marathon and BTMK Fun Run or email jgrocott@havenshospices.org.uk

Please return your completed entry form, together with your cheque or postal order made payable to Havens Hospices to:
Southend Half Marathon, Stuart House, 47 Second Avenue, Westcliff on Sea, Essex, SS0 8HX. Tel 01702 220324 for enquiries.

After processing your entry form your race details will be forwarded to you. Please return the form as soon as possible.
POSTAL ENTRIES CLOSE 4th June 2010. Half Marathon entry on the day is an extra £5.00. Late Entry Desk will close at 9.30am.

FOR CRITICAL SAFETY ADVICE PTO



CRITICAL SAFETY ADVICE

MEDICAL: Although the organisers accept no responsibility for any injuries, a full medical team comprising of our own Doctor and St John Ambulance will be in attendance. Marshals will summon medical assistance on the route if required.

IMPORTANT: There will be regular water stops on the route and the race organisers advise that you take on water at every stop. **PLEASE DO NOT WAIT UNTIL YOU ARE THIRSTY, AS DEHYDRATION CAN CAUSE TIREDNESS AND BE A RISK TO YOUR HEALTH.**

NUMBERS: Please fill in the medical information on the reverse of your number, in case of emergency.

REMEMBER - IF YOU FEEL UNWELL, STOP RUNNING AND REPORT TO THE NEAREST MARSHAL