



## Postal Application Form

| Please tick one of the following                       |               |
|--|---------------|
| categories:  |               |
| CHALLENGE  |               |
|  |               |
| CHALLENGE XL   |               |
|  |               |
| Select one of the following                            |               |
| categories:Open  |               |
| , resident   |               |
| Over 40 (on race day)                                  |               |
| over 40 (on race day)                                  |               |
| Over 50 (on race day)                                  |               |
| over so (on race any)                                  |               |
| All above categories apply to separate male and female | competitions. |
| Team event (open and can be mixed)                     |               |
|  |               |
| Full Name(s):  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
| Main Contact Address:                                  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
| Date of Birth:   |               |
|  | ,             |
| Date of Birth:  Male/Female/Mixed:                     | ,             |
|  | ,             |
| Male/Female/Mixed:                                     | D.i. a. 5     |
| Male/Female/Mixed:  Contact Mobile Number:             | Print Form    |