## OCTAVIAN DROOBERS COMPETITOR REGISTRATION FORM

PLEASE USE CAPITAL LETTERS. IF YOU NEED HELP THEN JUST ASK.

OD will only use the data on this form to process your entry, results and to trace missing runners or EMIT brikkes. You agree that we may publish your Personal Information as part of the results of the Event and may pass such information to the governing body or any affiliated organisation for the purpose of insurance or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times and age group.

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BOF Number if a member Required to obtain ranking points at ranking events		EMERGENCY CONTACT	INFORMATION for use in case of competitors.	
EMIT Card Number Hired EMIT cards not returned or lost will incur a charge of £52.00:		Emergency contact name and number		
First Name		If you have a medical condineeds to be aware of, pleas separate confidential form t	se tick here and ask for a	
Last Name		SAFETY CHECK INFORMATION  This information will only be used if you fail to download.		
Club Name or None BOF public liability insurance for non-members <b>only</b> for their first 3 events		Address: Postcode/house number		
Age Class (e.g. M45, W16)		Your Telephone Number		
Course entered		Car registration		
		Did you travel alone?	Yes/No	
Once you have registered you must go to download before you leave the event, even if you do not run. This is to ensure that we account for everyone before the event finishes.				
If you aren't a club member, how did you find out about the event?				
Enter your e-mail address if you consent to the club contacting you this way with more details about the club and events:				

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Results may include (but not be limited to) name, any clu	ub affiliation, race times and age group.
BOF Number if a member Required to obtain ranking points at ranking events	EMERGENCY CONTACT INFORMATION for use in case of illness. Required for all competitors.
EMIT Card Number Hired EMIT cards not returned or lost will incur a charge of £52.00:	Emergency contact name and number
First Name	If you have a medical condition that the organiser needs to be aware of, please tick here and ask for a separate confidential form to provide the details.
Last Name	SAFETY CHECK INFORMATION  This information will only be used if you fail to download.
Club Name or None BOF public liability insurance for non-members <b>only</b> for their first 3 events	Address: Postcode/house number
Age Class (e.g. M45, W16)	Your Telephone Number
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