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| LionsLogo1c.tif | banner.jpg**15/013** | **RACE IS RUN UNDER UKA RULES****UKA LICENCE****ID: 2019-36636** | **In aid of Charity and local****Good Causes through the****Blackmore Vale Lions****Charity Trust Fund. Registered Charity No. 1019759** | http://ndvm.co.uk/images/runbritain_licence.jpg | C:\Users\Colin\Dropbox\HalfMarathon\Entries\th.jpg |

 **27th BLACKMORE VALE LIONS**

**HALF MARATHON**

**Sunday 3rd February 2019 at 11.00 am**

**START / FINISH: Bishops Caundle Playing Fields, DT9 5NB (on A3030 Sherborne to Sturminster Newton road)**

**CLOSING DATE: 27th January 2019 or when entry limit of 450 is reached. NO ENTRIES ON THE DAY. Course and location map at bvlhm.yolasite.com – uneven ground makes the course unsuitable for wheelchairs.**

**FEES: £15 affiliated, £17 unaffiliated (Cheques payable to ‘Blackmore Vale Lions Club’).**

**Minimum Age is 18 yrs on 3rd February 2019.**

**MEMENTO: Free memento for all Half Marathon runners**

**TROPHIES: Overall Winner plus Runner-up and 3rd Place (Men’s Race and Ladies’ Race).**

**Winner in each category (Men: Under 40, 40+, 50+ & 60+ Ladies: Under 35, 35+, 45+ & 55+)**

**First Male Team and First Ladies Team (3 to qualify).**

**£100 PRIZE FOR SETTING NEW COURSE RECORDS**

**(Current records: Men 1h 09m 11s: Ladies 1h 20m 56s)**

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| thA6MDWTIA.jpg | **NO EARPHONES TO BE****WORN DURING THE RACE** |

**ENTRY FORM:** Please download, print out, complete and return this form with **Payment to Blackmore Vale Lions Club**. (If no email address, please include a small stamped self-addressed envelope. Please post to Colin MacLeod, Tyne House, The Row, Sturminster Newton, DT10 1AU (Tel: 01258 471883). You may alternatively enter online at www.runbritain.com/races (Actual numbers collected on the day) **FEE:** £15 affiliated, £17 unaffiliated.

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| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Age on date of race |  |  | Sex |  |
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| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Birth Date: *dd/mm/yy* |  |  |  |  |  |  |
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|  |  |  | UKA Affiliation No. |  |  |  |  |  |  |  |
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| State 1st Claim Club (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Do you suffer from any medical condition?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Race No. Issued** (Official use only):*(actual No. collected on the day)* |  |  |  |  |  | Fee Paid |  |  |  |

I understand that the organisers will take reasonable care for my safety and well-being during the event but that only limited first aid and medical facilities will be available. I declare that I am fit to run and that the organisers will in no way be held responsible for any injury (including fatal injury), illness, accident to my person or loss of property resulting from any cause whatsoever (other than their negligence or wilful default). I agree to abide by the UKA rules and laws governing the event and that the decision of the Race Referee shall be final.

I agree that the organisers may publish my 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, licences 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 category.

Signature: …………………………………………………………………………………………………………………………………. Date: ………………………

**HAVE YOU INCLUDED CHEQUE? If no email address given, include a stamped self-addressed envelope for reply.**