Entry Form for events held under Audax UK regulations

Name of event:		Dist: km
From:	Date:	Time:
Fee: £ for Audax UK or Cycling UK (C	TC) members - otherwise add £3 for Auda	x UK temporary membership
Membership:	Cycling UK (CTC) Membership No:	
Date of birth if under 18 years:	(see PARENTAL CONSENT below)	
Forename:	Surname:	
Address:	Phone:	
	Mobile:	
	Email:	
Club/Cycling UK (CTC) group:		
INSURANCE: Audax UK provides its member cover throughout the event for claims in excess taking place in Great Britain, the Channel Islan club or group does not provide insurance cover	s of £500. 3rd party insurance cover is lim ds or Isle of Man. Membership of a Cyclir	nited to eventsing UK (CTC) affiliated
Overseas residents must arrange their own	3rd party insurance.	
By signing this entry form you declare that	you are insured as required.	
The event is run under Audax UK regulations. and advice (available in AUK publications, at w		
The event is not a race or trial of speed. You a other road users.	re expected to follow the rules of the road a	and show consideration to
The route is on open public roads.	You should prepare by studying the route.	
The route is not waymarked /marshalled.	You are responsible for your safety/conduct.	
Some routes/conditions may be arduous.	The organiser provides no rescue servi	ce.
PARENTAL CONSENT (required for entrant this form and be aware that this is an individua		ote the information on
I am the Parent/Guardian of the Entrant and	give my consent to this Entry:	
Signed (Parent/Guardian):	Date	: :
Name (Parent/Guardian, please print):		
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I understand that during the event I am on a proown conduct. I agree to abide by Audax UK Relative relevant insurance cover as above.		
Signed(Entrant):	Date) :
Emergency contact person (Name & Tel.):		
Send: 1. completed form.	To: organiser	

2. cheque payable to organiser.

3. two C5 stamped addressed envelopes.