

Mayo Pink Ribbon Supporting Breast Cancer Research

WESTERN PEOPLE WEST OF IRELAND WOMEN'S MINI MARATHON

FOR OFFICE USE

Card No: _____

Amount: _____

Intls: _____

PLEASE COMPLETE FORM USING BLOCK LETTERS.

Name: _____ Surname: _____

Address: _____

Home Tel. No.: _____

Mobile: _____ Email: _____

Mayo Pink Ribbon may like to send your information on this or other Mayo Pink Ribbon Events. Please tick if you DO NOT wish to receive this information. ☐

Categories: Please tick 1 box. 15-19yrs ☐ 20-35yrs ☐ 35+yrs ☐ 40+yrs ☐ 50+yrs ☐
55+yrs ☐ 60+yrs ☐ 65+yrs ☐ 70+yrs ☐ Wheelchair ☐ Visually Impaired ☐

Event Grouping: Runner ☐ Jogger ☐ Walker ☐

Terms & Conditions: I understand that I enter the West of Ireland women's mini marathon at my own risk and that neither the organisers nor the sponsors will be held liable for any accidents or injuries suffered or any property lost or stolen. I understand that I must be over 15 on the day of the race. All entries are final and no refunds will be made. No transfers from the participant to another will be made.

Registration Fee €20: Cash ☐ Cheque ☐

Signature: _____ Date: _____

Registration forms to be returned to:
Mayo Pink Ribbon, McHugh Dental Practice,
Station Road, Castlebar.

INFORMATION WILL NOT BE USED FOR ANY OTHER
PURPOSE OR SHARED WITH ANY OTHER BODIES.

CHEQUES TO BE MADE PAYABLE TO
MAYO SPORTS PARTNERSHIP.



Follow us on Facebook (www.facebook.com/mayopinkribbon)
and Twitter (@mayopinkribbon) for updates on this event,
tips on training and other information.

Design & Print Sponsored by



We do more

ENTRY FORM

