

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

This fee is paid in its entirety to Mayo Sports Partnership. Cheque to be made payable to same. Sponsorship Card will be provided to help you fundraise for Mayo Pink Ribbon.

Signature: _____ Date: _____

Registration forms to be returned to:
Mayo Pink Ribbon, c/o Dental Care Ireland,
Station Road, Castlebar, County Mayo.

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



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

Supporting:



NATIONAL BREAST CANCER
RESEARCH INSTITUTE

ENTRY FORM

