

# Entry Form

Fill in capital letter

Race Number (allocated by race management)

Surname \_\_\_\_\_

Forename \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth (Under 18's only) \_\_\_\_\_ Postal Code \_\_\_\_\_ - \_\_\_\_\_ Tel.: \_\_\_\_\_






- Runner
- Athlete
- Walker

Adult Entry 7€ \_\_\_\_\_

Child Entry 3€ \_\_\_\_\_

Donation € \_\_\_\_\_

**Total €** \_\_\_\_\_

T-shirts					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Send the payment to Associação Oncológica do Algarve, Largo das Mouras Velhas, n.º 16, 8000 – 139 FARO. **Account at MONTEPIO GERAL, NIB 003600329910033224959.**

**Declaration** - I acknowledge that I am entering MAMAMARATONA 8 entirely at my own risk and that the organisers shall not be liable in any way for any injury or loss that might occur as a result of my participation. I understand that I should seek medical advice from my Doctor if I am in any doubt as to my physical ability to take part in MAMAMARATONA 8. I give permission for pictures taken of me during participation of MAMAMARATONA 8 for any publicity of this event.

Signed

Date:..... /...../2007

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