



* Denotes mandatory field

* Title

* First Name

* Last Name

* DOB

* Age on 11/10/09 (must be over 18)

* Gender Male Female

* Address

* Town/City

* County/State

* Postcode/Zip

* Country

* Telephone
(incl STD code)

Alternative no:

* Email address

* Confirm email

* Emergency contact name

* Emergency contact tel no.

Please advise any existing medical conditions, allergies, etc. which may assist our medical team in the event of an incident

- * Please specify your preferred t-shirt size
- | | Male | Female |
|--|-------------------------------|-------------------------------|
| | <input type="radio"/> X-Large | <input type="radio"/> X-Large |
| | <input type="radio"/> Large | <input type="radio"/> Large |
| | <input type="radio"/> Medium | <input type="radio"/> Medium |
| | <input type="radio"/> Small | <input type="radio"/> Small |

Is this your first half marathon? Yes No

In what time do you anticipate finishing?

<input type="radio"/> [time]	<input type="radio"/> [time]
<input type="radio"/> [time]	<input type="radio"/> [time]
<input type="radio"/> [time]	<input type="radio"/> [time]

How did you hear about the Royal Parks Foundation Half Marathon?

- | | | |
|--------------------------------------|---|--|
| <input type="radio"/> Friend | <input type="radio"/> Running Club | <input type="radio"/> Royal Parks Foundation |
| <input type="radio"/> Internet | <input type="radio"/> Brakes | <input type="radio"/> Metro |
| <input type="radio"/> Gym/Healthclub | <input type="radio"/> Runners World Mag | <input type="radio"/> Charity |
| <input type="radio"/> [Sponsor] | <input type="radio"/> [Other media] | <input type="radio"/> [Other] |

I confirm that I have read, fully understand and agree to the terms and conditions of the Royal Parks Foundation Half Marathon.

PAYMENT DETAILS

I enclose a cheque (made payable to Médecins du Monde UK) for the Registration Fee of £25

Credit Card Payment.

I authorise you to debit my:

MasterCard Visa Access

Amount: £

Issue date Expiry date

Card number

Signature

Date

PLEASE RETURN YOUR COMPLETED REGISTRATION FORM TO:

Royal Parks Half Marathon 2009

Médecins du Monde UK

14 Heron Quays

London, E14 4JB