



27TH BURNHAM BEECHES HALF MARATHON

Sunday 19th August 2007 at 10.00 am

Caldicott School, Crown Lane, Farnham Common, Bucks
Run under UK Athletics and BARR rules.



Incorporating both the Southern Counties Veterans AC & the RRC Half Marathon Championships



BARR Membership No. 955

SEAA Course Certificate (APPLIED FOR) & SEAA PERMIT (6424).
We regret that this course is unsuitable for wheelchair & disabled athletes.
Race medical cover standard 3



Awards: Medal to every finisher, spot prizes

Prizes: Athletic Club Teams: 1st Male Team (4 to score); 1st Female Team (3 to score)
In age groups (M/F) 17-39, 40-49, 50-59, 60-69, 70+ (depending on entry)

Entry fees: £14.00 affiliated, £16.00 unaffiliated. Race limit 1200 (1166 in 2004)
[After August 6th £2 extra]

Entries to: Burnham Joggers, PO BOX 2307, Maidenhead, SL6 0WD and on line
Cheques payable to 'Burnham Joggers'

Facilities: Changing facilities, refreshments, swimming pool & 2K Fun Run (enter on the day)

Website: www.burnhamjoggers.org.uk (on-line entry includes an administration charge of £1)

I hereby apply for entry to the 2007 Burnham Beeches Half Marathon - **PLEASE PRINT ALL DETAILS CLEARLY**

Surname _____	Address _____
First Name _____	_____
Male <input type="checkbox"/> or Female <input type="checkbox"/> (Please tick one box)	Town _____ County _____
Date of Birth ____/____/____	Postcode _____ Tel No _____
Age on Race Day _____	E-mail _____
(Must be over 17 on Race Day)	(Please circle one) UKA Registered Individual or Unattached
Club/Team: _____	(Please circle one) UKA Registered Club or Non-registered Club

UNDER THE TERMS OF THE DATA PROTECTION ACT 1984 WE ARE REQUIRED TO INFORM YOU THAT THIS INFORMATION IS HELD ON COMPUTER FOR RACE ADMINISTRATION ONLY

If you do not wish to receive future information about the Burnham Beeches Half Marathon or the Cliveden Cross Country please tick here

I enclose my cheque made payable to 'Burnham Joggers'. I understand that this fee is NOT refundable and that numbers are not transferable. I agree to abide by the rules of the UKA and of the event. I understand that I enter the race at my own risk and that no person(s) or organisations will be held responsible for any accident, injury or loss to myself, prior to, during or after the event. I understand that the organisers reserve the right to alter the arrangements and conditions should circumstances require.

Signed _____ Date _____

PLEASE NOTE:

All postal entries will require a 9" x 6" (minimum) SAE for Race Number, Directions and Race Details. Unsigned entries will be returned. Entries on the day will qualify for Individual & Team prizes. In the event of cancellation due to circumstances beyond our control, entry fees will not be refunded. Course unsuitable for wheelchair and disabled athletes.

FOR OFFICIAL USE ONLY	<ul style="list-style-type: none"> • SCVAC Membership number: Enter • RRC Membership number: Enter
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