



Lindfield Fun Run Registration Form

SURNAME: _____

FIRST NAME: _____

GENDER: MALE FEMALE OTHER PREFER NOT TO SAY

DATE OF BIRTH _____ / _____ / _____ (DD/MM/YEAR) AGE ON 18 APRIL 2021: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

POSTAL ADDRESS: _____

POSTCODE: _____

EMERGENCY CONTACT

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____

CATEGORY

PLEASE SELECT THE RUN CATEGORY

10KM 5KM 2KM

ENTRY FEE: \$ _____

PLEASE BRING CREDIT CARD FOR PAYMENT ON THE DAY

SIGNATURE: _____ DATE: _____