Sunday 19th May, 2018 REGISTRATION FORM



Participant Information:

First Name:		Surname:							
Email Address:				Telephone:				_	
Address:				Suburb:		State:			
Postcode: Your Age:				Do you identify as Aboriginal or Torres Strait Islander? Yes/No					
Names and details of each person		are regist	ering (<mark>Not</mark>	te: A separate forn	n is required f	or eacl	h race dis	stance)	
Name	Age	Gender	Postcode	Name		Age	Gender	Postcode	
1.				6.					
2.				7.					
3.				0					
J.				8.					
4.				9.					
5.				10.					
Faragona contest name and		1				I			
Emergency contact name and telephone number of someone is not participating in the Fun Ro		Name			Telephone				
Team Name:					Race [Distanc	e – Pleas	e circle	
If you are participating as a member of a team					7km		3	km	
Have you participated in previous Ration Shed Reconciliation Fun Runs? Yes/No How many?:									
Will you be staying in overnight Number of Nights: accommodation? Yes/No						Paid/Unpaid?			
f you have any special requireme elephone number 0423 222 559.	•	ease cont	act our Eve	ent Coordinator <u>ev</u>	ents@rationsl	<u>ned.co</u>	<u>m.au</u> or	on	
, the undersigned, have read and am registering agree to be bound Conditions							-		
Signature of Particinant/Parent (Suardi	an:			Date:				

NOTE: THERE WILL BE NO REGISTRATION ON THE FUN RUN DAY!