

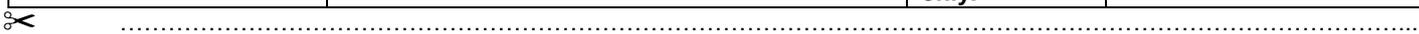


## The Farleigh Wallop Trail Race (10k\*)

Sunday 23rd September 2018, at 9.30am

This is Hatch Warren Runners' third event, which will take place on the countryside trails and in woodland in and around the picturesque villages of Farleigh Wallop, Cliddesden and Ellisfield, a stones-throw from Basingstoke in Hampshire. It's a challenging course, with a mix of undulating terrain including an old railway line, open fields and beautiful woodland. We are very fortunate to have kindly been granted permission, once again, by The Portsmouth Estates to use their stunning, listed 'Home Farm Barn' as race HQ. We sincerely hope you enjoy your run and look forward to receiving your feedback after the event. \*Distance approx.10k. Race numbers will be issued on race day. Regret no dogs allowed to accompany runners. There is a cut off time of 2 hours to complete the race.

Race HQ	Home Farm Barn, The Avenue, Farleigh Wallop, Basingstoke, Hampshire. RG25 2HU		
Entry Fee (Inc. medal)	Affiliated - £15 (ARC/UKA)	Unaffiliated - £17	
Cheques payable to	Hatch Warren Runners	<b>Minimum Age</b>	<b>18 years on race day</b>
Postal entries to:	Race Secretary, 36 Meadowridge, Hatch Warren, Basingstoke, RG22 4QH email: farleighwalloptrailrace@gmail.com	<b>Transfer of race numbers via Race Secretary only.</b>	Entries close: Sunday 16 <sup>th</sup> Sep or when race limit (275) reached. <b>STRICTLY no entries on the day.</b>



FIRST NAME			SURNAME		
ADDRESS					POSTCODE
EMAIL				MALE / FEMALE	
MOBILE			PLEASE TELL US HOW YOU HEARD ABOUT OUR EVENT		
D.O.B.			AGE ON RACE DAY	AFFILIATED CLUB	
ENTRY FEE: AFFILIATED <b>£15</b> UNAFFILIATED <b>£17</b>	<b>Payment by Bank Transfer may be made using: ***</b> Account Name: Hatch Warren Runners Account No: 43031268 Sort Code: 30-90-53			<b>***If paying by bank transfer, please use EACH RUNNER'S name as the transaction reference. Eg. If there are 2 entrants enter C SMITH &amp; B SMITH</b>	

I declare that I enter this event at my own risk and that no person(s) will be held responsible for any injury or loss to me prior to, during or after the event and that I am medically fit to participate. I will complete the emergency contact information on the reverse of my race number upon collection on race day. **I will make the race secretary aware on this form of any relevant medical information/conditions. Furthermore, I am aware that headphones or ear-pieces of ANY kind may NOT be worn for this event and WILL result in my disqualification.**

Signature.....Date.....



Data Protection Act. Please note that this information will be processed electronically and used for administration purposes. Names and finish times will be published. Please **only** tick box if you do **NOT** wish your result to be published.

ARC (Association of Running Clubs) Race Permit 18/042