

WRTH
DY
OCHR

35120

BY
YOUR
SIDE



Awyr Las
Blue Sky

SNOWDON ROCKS ENTRY FORM

APPLICANT INFORMATION

Title:	First Name:	Surname:
Current address:		
Town/Village:	County:	Post Code:
D.O.B:		

Individual Walker YES NO (please tick)

Team Entry

Are you taking part as a team? YES NO (please tick)

If so what is your team name?

Please note an entry form needs to be completed for each entrant taking part

Emergency Contact Person	Emergency Contact phone number
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I would like to pay by:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cheque (please make payable to Awyr Las Gogledd Cymru or Blue Sky North Wales) | <input type="checkbox"/> Debit • credit card
(We will contact you by phone to arrange payment) | <input type="checkbox"/> Cash
(We will contact you by phone to arrange payment) |
|--|--|---|

How did you hear about the event?

CONFIRMATION

By completing and signing this form, and signing up to the Awyr Las Snowdon Rocks event, you are agreeing to the event terms and conditions outlined within the 'Awyr Las Conditions of Entry' document.

Signature:	Date:
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Under 16? If the entrant is under 16, they will need parent/guardian consent to enter Snowdon Rocks

Parent / Guardians Name	Parent / Guardians Signature	Date
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