

Francie Doone Cycle

Sunday 19th September 2021

Registration Form



Please Complete in Full, Clearly & in Block and su	bmit:
Title (Mr/Mrs/Miss/Ms):	
Forename:	Surname:
Date of Birth://	
Address:	_
	_
Postcode:	
Telephone (home): N	/lobile:
Email:	
Important – Email address required for confirma	tion and further communication
Important (this section must be completed)	
Please state any medical condition that we should	be aware of:
In the event of an emergency please give the nam contact:	ne & telephone numbers of a person we can
Name: Tel:	
Mobile:	
I, the undersigned participant, hereby irrevocably entirely at my own risk. I agree that Glenavy GAC of the event, will not be responsible for any perso	or any other official agreed by them, as organisers

Signature: _____ Date: ____/___/____

any property lost, stolen or damaged during the course of the event.