



# Southern 50 Challenge 2009 Team Entry Form (Paper)

OFFICIAL USE ONLY

This form should be completed by the team leader.  
Please complete this form in CAPITALS and return with FOUR copies (completed) of the Team Entry Form, the Entry Fee and two stamped addressed A5 envelopes.

**Team Name**

**Name of Scout Group or Explorer District**  **Scout/Guide County**

**Event Entered**  
Please (✓) one box only

**50 miles**  **50 km**  **30 km** (Explorer Scouts only)

**Team Leader Details.** (This information will be used for all communications.)

Name

Home Address

Home Phone

Post Code  Mobile

email Address

- The Entry Fee is £70.00 per team for the 50 mile and 50 km events. This is inclusive of all meals and accommodation.
- The Entry Fee for the Explorer Scout Challenge (30km) is £48.00. This is inclusive of all meals and accommodation.
- Supporters and Leaders are offered free accommodation, but meals are available on a "pay as you go" basis.

**Payment enclosed** £  Cheques should be made payable to "Southern 50 Challenge"

**Leader's Authorisation for teams with any members under 18 years old**

Scout/Guide Leader Name  Telephone Number

Signature  Date

**Declaration**

I declare that the team will abide by the rules of the event, and accept the organiser's decision as final.  
I agree to notify our District Commissioner or (in the case of Network Scouts) the County Commissioner of this entry and any future team changes.

Signature  Date

When complete, return this form with your payment and two A5 stamped, self-addressed envelopes to:  
**The Walk Secretary, 24 Abbotshall Avenue, Southgate, London N14 7JX**

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Entry Form  Email receipt  Walk Booklet  Results

Ladies	Nov	+130	County	-25	Mixed	RB	+200	Nov	-25	Ladies	Nov



# Southern 50 Challenge 2009 Team Member Entry Form

A

Please complete this form in CAPITALS and return with the Team Entry Form.

**Team Name**  **County**

**Team Member Name**  **Date of Birth**   
**Home Address**  **Sex (M / F)**   
 **Home Phone**   
 **Post Code**  **Mobile**   
**email Address**

**Home Contact Details**  **Home Phone**   
  
 **Post Code**  **Mobile**

## Dietary Requirements

Please indicate any dietary requirements you may have:

## Medical Record

In order to ensure that those administering first aid and others involved in the organisation of the event can respond appropriately should the situation arise, we ask that you provide the following information.

National Health No: (if known)  Blood Group: (if known)

Do you suffer from any allergies?  yes  no  
Please indicate these:   
Are there any known ailments that we should be aware of?  yes  no  
Please indicate these:   
Are you currently taking any medication that we should be aware of?  yes  no  
Please identify the medication

## Confirmation of Entry

All data collected on this form will be held on a computer system for the purpose of the Southern 50 competition ONLY. This information will be treated as confidential and will only be released to those identified by the organisers as specifically requiring it in order to ensure the Health, Safety and Welfare of competitors, and to manage the Southern 50 and any communications with competitors.

Please (✓) the event you have entered **50 miles**  **50 km**  **30 km**   
(Explorer Scouts only)

Please (✓) the relevant box **I have taken part in this event before**  **I have NOT taken part in this event before**

I confirm these details are correct to the best of my knowledge   
signature

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# Southern 50 Challenge 2009 Team Member Entry Form

B

Please complete this form in CAPITALS and return with the Team Entry Form.

Team Name

County

Team Member Name

Date of Birth

Home Address

Sex (M / F)

Home Phone

Post Code

Mobile

email Address

Home Contact Details

Home Phone

Mobile

Post Code

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## Medical Record

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National Health No: (if known)

Blood Group: (if known)

Do you suffer from any allergies?

 yes  no

Please indicate these:

Are there any known ailments that we should be aware of?

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Please indicate these:

Are you currently taking any medication that we should be aware of?

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Please identify the medication

## Confirmation of Entry

Please (✓) the event

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50 km

30 km

(Explorer Scouts only)

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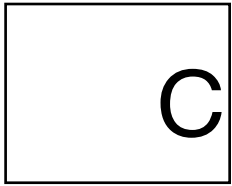
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on system

amend



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**Team Member Name**  **Date of Birth**   
**Home Address**  **Sex (M / F)**   
 **Home Phone**   
 **Post Code**  **Mobile**   
**email Address**

**Home Contact Details**  **Home Phone**   
  
 **Post Code**  **Mobile**

**Dietary Requirements**  
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