

REGISTRATION FORM

Macmillan 1km sea swim- Southsea

Saturday 30 July 2011

We swim the sea!

Please complete and sign this form and return with the registration fee to:

**Sea Swim, Macmillan Cancer Support, Crown Chambers,
South Street, Andover, Hampshire, SP10 2BN**

Any queries please email: lmurphy@macmillan.org.uk

We will then send you an information pack with everything you need for your challenge of sea swimming.

PLEASE NOTE IF THE SEA CONDITIONS ARE NOT SAFE ON THE DAY WE HAVE A BACK UP DATE OF **SUNDAY 25th SEPTEMBER 2011.**

To save us money and resources please tick if you would like to have the information pack e-mailed to you and after the event your times and position by email:

Each participant must complete a form, photocopies are acceptable. (Please complete in block capitals)

Name: _____

Address: _____

Postcode: _____

Day Tel: _____ Mobile: _____

Email: _____

Date of Birth (minimum age 16): _____

How did you hear about the Open swim?: _____

In order to place you in the correct wave of swimmers please tell us about your experience of swimming and how long it would take you to swim 20 lengths in a pool: _____

Registration Fee = **£10 per person or £5 per person for above 60 or 16/17 years old.**

I enclose a cheque for £_____ (made payable to Macmillan Cancer Support)

Please debit my credit/debit card to the amount of £_____

Name on the card: _____

Registered address: _____

Postcode: _____

Signature: _____

Card Number: _____

Expiry Date: ____/____ Start Date: ____/____ Security no (three last digits): ____

By signing and returning this form, I acknowledge that Macmillan Cancer Support do not accept responsibility for any injury, loss or damage to me or my property incurred during participation in the above event unless Macmillan Cancer Support, its employees or agents have caused the injury or damage by their negligence. Any participant who has any concern about his or her physical condition is advised to consult his/her own doctor before taking part in the event. You are advised to arrange your own personal accident insurance.

Parent/Guardian consent to under 18's taking part. I hereby consent to the above taking part in this event - Name _____ Relationship to applicant _____

Signed: _____ Date: ____/____/____

Macmillan Cancer Support, registered charity in England and Wales (261017) Scotland (SC039907) and the Isle of Man (604)

