

REGISTRATION FORM

Every field is required. Please fill in clearly on this form using Microsoft Word and email it to funrunqueries@gmail.com.

OR

You may complete this form and post it to:
St. Francis Xavier Primary School
PO Box 5159, Frankston South, Vic, 3199.

All Registration Forms must be sent in by the 7th Sept 2009.

1. Entry Type: *(please select one only)*

2.5 km Walk

2.5 km Run

5 km Run

2. Personal Data: *(please note, all fields are required)*

Title:	Mr <i>(click to on the box select within the drop-down box)</i>
First Name:	
Last Name:	

Date of birth: <i>(DD/MM/YY)</i>	/ Apr / <i>(click to on the box select within the drop-down box)</i>
Age: <i>(as of 13/09/09)</i>	
Gender:	Male <i>(click to on the box select within the drop-down box)</i>

Address:	
Suburb:	
State:	Victoria <i>(click to on the box select within the drop-down box)</i>
Post Code:	

Email:	
Daytime Phone:	
Mobile:	<i>(enter in numerals without spaces or hyphens)</i>

****For those entering as a Family, please proceed to Step 3, if not, please skip this step and proceed to Step 4.***

3. Family Details: *(family members may enter in separate events respectively)*

Family Name:	
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Member #2 Name:	
Gender:	Male <i>(click to on the box select within the drop-down box)</i>
Date of Birth: (DD/MM/YY)	/ Jan / <i>(click to on the box select within the drop-down box)</i>

2.5 km Walk

 2.5 km Run

 5 km Run

Member #3 Name:	
Gender:	Male <i>(click to on the box select within the drop-down box)</i>
Date of Birth: (DD/MM/YY)	/ Jan / <i>(click to on the box select within the drop-down box)</i>

2.5 km Walk

 2.5 km Run

 5 km Run

Member #4 Name:	
Gender:	Male <i>(click to on the box select within the drop-down box)</i>
Date of Birth: (DD/MM/YY)	/ Jan / <i>(click to on the box select within the drop-down box)</i>

2.5 km Walk

 2.5 km Run

 5 km Run

Member #5 Name:	
Gender:	Male <i>(click to on the box select within the drop-down box)</i>
Date of Birth: (DD/MM/YY)	/ Jan / <i>(click to on the box select within the drop-down box)</i>

2.5 km Walk

 2.5 km Run

 5 km Run

4. Declaration *(please tick the check box at the end of the declaration agree to the terms and conditions.)*

I have read the conditions for this event and understand the demanding physical nature of the event. I have trained for this event and I am not aware of any medical condition or impairment that will be detrimental to my health if I participate in the event and in the event that I become aware of any medical condition or impairment, or am otherwise sick or injured prior to the event, I will withdraw from the event. I acknowledge that in this event may involve a risk from various causes including; exertion, dehydration, and accidents with other participants, spectators or road users. I acknowledge that it is a condition of participating in this event that I do so at my own risk. I accept all risks and release the event organizer, its agents, affiliates, employees, members, sponsors, promoters, volunteers any person or body, directly or indirectly associated with the event, from all claims, demands, and proceedings arising out of or connected with my participation in this event. This release continues forever and binds heirs, successors, as executors, personal representatives and assigns. The race organizer reserves the right to alter the course or cancel the event due to unfavorable circumstances such adverse weather. No refunds are possible.

I agree to and acknowledge Entry Conditions and Statement of Intent Declaration.

5. Payment Details: *(Please read the following carefully on methods of payment)*

Early Entry is encouraged. A \$5 late fee will apply after the cut off date of **7th Sept 2009**

Below are the fees for each category.

Adult = \$15	Child (17 & under) = \$10	Family (2 adults/3 children) = \$40
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Option 1: Online Funds Transfer/ Internet Banking

To complete registration and payment, please transfer funds to the following Bank Account using the details below.

Account Name:	ST. FRANCIS XAVIER PRIMARY SCHOOL
BSB:	063 133
Account Number:	1092 9672
<i>(Please ensure to include your FIRST and LAST name in the 'Description' field for better identification of your payment.)</i>	

Option 2: Credit Card Payment

If opting to pay using this option, please enter in your credit card details in the fields below. Please rest assured this information will not be abused in any way.

(Please note that your LAST NAME and your FIRST NAME must also match the Personal Details on this form as this helps us to identify your payment)*

Card Number:	- - -
Expiry Date: <i>(enter in numerical digits only)</i>	01 / 09 <i>(click to on the box select within the drop-down box)</i>
Name on Card:	

Thank you for completing this Registration Form.

Upon completion of this form, please email it back to funrunqueries@gmail.com.

OR

post it to:

**St. Francis Xavier Primary School
PO Box 5159, Frankston South, Vic 3199.**