



* Denotes mandatory field							
*	Title [
*	First Name						
*	Last Name						
*	DOB [
*	Age on 12/10/08	3 (must be over 18)					
*	Gender	Male O	Female O				
*	Address						
	[
*	Town/City [
*	County/State [
*	Postcode/Zip						
*	Country						
*	Telephone (incl STD code)						
	Alternative no: [
*	Email address [
*	Confirm email [
*	Emergency cont	act name					
*	Emergency cont	act tel no.					
	conditions, allers	nedical team in the					

*	Please specify your prefet-shirt size	rred	d Male			Female		
	t-Shift Size		0 I 0 N	K-Large Large Medium Small		O X-Large O Large O Medium O Small		
Is this	your first half marathon?	Yes	0		No	0		
In wha	at time do you anticipate fi	nishing?	0	[time]		O [time]		
			0	[time]		O [time]		
			0	[time]		O [time]		
How did you hear about the Royal Parks Foundation Half Marathon? O Friend O Running Club O Royal Parks Foundation								
O Inte	O Internet O Bra		kes			O Metro		
O Gym/Healthclub O Ru		nners	nners World Mag		O Charity			
O [Sp	onsor]	O [Ot	her n	nedia]		O [Other]		
	I confirm that I have conditions of the Roy	•	•			agree to <u>the terms and</u> Marathon.		
O I en		able to Méd	decin	s du Monc	le UK)	for the Registration Fee of £25		
I autho	dit Card Payment. orise you to debit my: MasterCard O Visa O ount: £	Access						
Issu	e date Ex	piry date						
	d number							
	nature							
Date	2							

PLEASE RETURN YOUR COMPLETED REGISTRATION FORM TO:

Royal Parks Half Marathon 2008

Médecins du Monde UK 14 Heron Quays London, E14 4JB

From www.race-results.co.uk