



**SUNDAY
31st May**



Comhairle Cathrach Chorcaí
Cork City Council



OFFICIAL ENTRY FORM

Please complete in **BLOCK** Capitals

TEAM LEADERS: Please complete this form and submit with a Parental Consent form for each team member under 18 years of age.
 If team members change after submission, please let us know in advance of race day.

SCHOOL/CENTRE

NAME:

ADDRESS:

Town/City:

County:

TEAM LEADER:

First Name:

Surname:

Address (if different to school address):

Phone:

Email:

T-shirt size:

small

medium

large

x-large

EMERGENCY CONTACT on RACE DAY (if different to Team Leader):

Name:

Phone:

If any team member has a known medical condition(s), please specify:

TEAM MEMBERS - DETAILS

Team Name (max 24 characters)

First Name	Surname	Age <small>on 31st May 2020</small>	Gender <small>(M/F)</small>	T-Shirt Size <small>(S, M, L, XL)</small>

TEAM CATEGORY (please tick the appropriate category):

1. All Female

2. All Male

3. Mixed Team

Please ensure that both sides of this entry form are completed and signed by the Team Leader.

Any change in team details must be notified in writing or by email info@corkcitymarathon.ie to the Marathon office well in advance of race day.



If your team is fundraising for charity, please name charity:

If your team is participating for a special reason and you would be willing to speak to us about it, please give brief details:

IMPORTANT NOTICE:

Entries will not be processed unless the following disclaimer is signed by the Team Leader on behalf of the team.

I declare that all team members will be 16 years of age or over on 31st May 2020 and that they will abide by the laws and rules of Athletics Ireland. The team members will not compete in the race unless they are medically fit to do so on the day and accept that they will be participating entirely at their own risk. Cork City Council, its Servants or Agents, the Cork City Marathon Committee, its Members, Associates, Partners and Sponsors, will not be liable for any loss, damage, illness or injury whatsoever directly or indirectly occasioned by or resulting from our participation in the marathon
I accept that the Organisers, their Sponsors and Partners will not be liable for any action, claim, costs or expenses that may arise in consequence of the team's participation in the event.

I have read the rules and regulations of the event (available at www.corkcitymarathon.ie or in hardcopy form by request from the marathon office).

By signing this form, I give Cork City Marathon permission to use the team members' names, quotes and/or photographic likeness for promotional and marketing purposes.

Signature:

Date:

If you want to be notified by our finish-line photographers, tick here. (Your name and email will be passed onto the photographic company for use only with respect to the Cork City Marathon 2020.)

PAYMENT

Method of Payment (please tick):

Cheque Postal Order Bank Draft Credit Card Debit Card

Please make cheques/bank drafts/postal orders payable to **CORK CITY COUNCIL**

Credit/Debit Card Number:

Expiry Date (DD/YY):

Name of cardholder (please print):

Signature of cardholder:

Date:

Amount: €75 per team

To pay via bank transfer (EFT), please contact the marathon office for account details. Please note that for EFTs, an expected payment date must be notified to the marathon office. Entry won't be confirmed until payment has been received.

SEND COMPLETED FORMS TO:

Gina Johnson, Event Manager, Cork City Marathon, City Hall, Cork.
For further information, email info@corkcitymarathon.ie
Web: www.corkcitymarathon.ie

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OFFICE USE ONLY	
Initials:	<input type="text"/>
Date:	<input type="text"/>
Total:	<input type="text"/>
Race number:	<input type="text"/>