Birch Hall Adventures - Adventure Run - Entry Form

## School details

|  |  |
| --- | --- |
| School |  |
| Address |  |
| Postcode |  |
| Organising Teacher |  |
| Email |  |
| Contact Mobile No. |  |

## Pupil Details

Please provide the following information. Pupils are expected to be in good health for the challenging nature of this race however if there are conditions which the organisers need to be aware of, please give details below. Photos will be taken for press purposes and future advertising of this event, it is assumed that permission is given unless indicated below. Please print extra sheets for additional teams, if needed.

## Team 1

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name |  | Pupil Name |  |
| Year |  | Year |  |
| Allergy/Medical |  | Allergy/Medical |  |
| Photo  |  | Photo  |  |

## Team 2

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name |  | Pupil Name |  |
| Year |  | Year |  |
| Allergy/Medical |  | Allergy/Medical |  |
| Photo  |  | Photo  |  |

## Team 3

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name |  | Pupil Name |  |
| Year |  | Year |  |
| Allergy/Medical |  | Allergy/Medical |  |
| Photo  |  | Photo  |  |

## Team 4

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name |  | Pupil Name |  |
| Year |  | Year |  |
| Allergy/Medical |  | Allergy/Medical |  |
| Photo  |  | Photo  |  |

## Team 5

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name |  | Pupil Name |  |
| Year |  | Year |  |
| Allergy/Medical |  | Allergy/Medical |  |
| Photo  |  | Photo  |  |