

APPLICATION FORM

Team Name	
Contact Name	
Contact Address	
	Post code
Tel No.	Home Work



PLEASE COMPLETE THE FOLLOWING SECTION CAREFULLY.

Important Note

1. All team members must be over 16 years of age and the team leader over 18 years of age. (See overleaf)
2. All persons under 18 years MUST have a parental consent form signed by a parent.
3. Teams can consist of between 4 - 6 members

Title	First Name	Surname	Date of Birth	Entry Fee @ £5.00 per person
Total Fee enclosed - cheques to be made payable to Ilfracombe Rotary Club Trust Fund				

Which Charity would you nominate if you won the sponsorship prize?

The teams that are adjudged to have raised the most sponsorship money will be allowed to nominate a charity or good cause to receive £500, £300 or £150 from the proceeds raised from Startrek 2010. The Rotary Club of Ilfracombe must reserve the rights to approve the charity or good cause chosen. The winning team will be asked to present the cheque to the approved charity on the Startrek Presentation Night to be held in the Spring.

Name of Charity
Address of Charity
Brief Description of the work that they do:

Have you entered before and when

Which years (s) Please ring the years that you have taken part

1992 1993 1994 1995 1996 1997 1998 1999 2000 ~~2001~~ 2002 2003 2004 2005 2006 2007 2008 2009

Signed	Date
Print Name	

Please return your completed application together with your fees to:-

Mr David Webber, Thomas Westcott, 96 High Street, Ilfracombe EX34 9NH
 Tel: 01271 863662/862458 Fax: 01271 865617

Information packs will be issued once an entry has been accepted. Only 100 teams can be accepted in predetermined categories. Rotary's decision not to accept teams will be final, in which case the entry fee will be returned. The Rotary club of Ilfracombe Trust Fund is a Registered Charity - No. 1037348

Please reserve a souvenir booklet

Team name	No. of copies at £1	Amount

PARENTAL CONSENT	
Name of child:	
I agree to my son/daughter taking part in Startrek and, having read the information sheet agree to his/her participation in the event described. I acknowledge the need for care and responsible behaviour when undertaking the course.	
Medical information	
a. Has your son/daughter received a tetanus injection in the last five years? YES/NO	
b. Does your son/daughter suffer from any condition requiring medical treatment, including medication? YES/NO	
If yes please give details	
Date	Signed
Declaration I agree to my son/daughter receiving emergency treatment, including anaesthetic, as considered necessary by medical authorities present. I understand the extent and limitation of the insurance cover provided,	

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