**SPONSORED BY DAVID JORDAN ESTATE AGENTS**

**THE PERFECT**

**PRE-CHRISTMAS APPETISER**

www.seafordstriders.org.uk

HELD UNDER UK ATHLETICS RULES. LICENCE NO: TBC

11.00AM SUNDAY 5th DECEMBER 2021

Please Note You Can Now Enter Online

Visit www.seafordstriders.org.uk

For More Details

**THIS YEAR’S CHARITY WILL BE ANNOUNCED SHORTLY**

**START/FINISH:** PEACEHAVEN LEISURE CENTRE, GREENWICH WAY, PEACEHAVEN, EAST SUSSEX, BN10 8BB

**COURSE:** APPROX 4 MILES OF ROAD, 6 MILES OFF-ROAD, WITH SOME HILLS!

**ENTRY FEE:** £18 UK ATHLETICS REG: £20 NON-REG: (ALL ENTRIES ON THE DAY £20 SUBJECT TO RACE ENTRY LIMIT OF 600). **CHIP-TIMING BY NICE WORK**

 **CHEQUES PAYABLE TO SEAFORD STRIDERS**. S**ORRY NO REFUNDS. NUMBERS WILL NOT BE TRANSFERABLE TO THE NEXT EVENT**

**ENTRIES TO:** Mince Pie 10, Nice Work, Office 3, Rye Wharf, Harbour Road, Rye, East Sussex, TN31 7TE **PLEASE ENCLOSE A STAMPED ADDRESSED ENVELOPE**

TEL: 01797 229955 E-MAIL: mincepie@seafordstriders.org.uk

**IF YOU DO NOT SEND A SAE YOUR NUMBER WILL ONLY BE AVAILABLE ON THE DAY.**

**CLOSING DATE: SATURDAY 30th November 2019 FOR POSTAL ENTRIES (UNLESS 600 ENTRY LIMIT REACHED) PRIZES:** TROPHIES FOR 1ST 3 MEN & 1ST 3 WOMEN. XMAS PUDS FOR 1ST 5 MEN & 1ST 5 WOMEN

 Bespoke MEDAL, MINCE PIE & GOODY BAG FOR ALL FINISHERS. SPOT PRIZES

**Runners please note that the wearing of headphones is not permitted during the run**

IF YOU HAVE **NOT** RECEIVED YOUR RACE NUMBER BY FRIDAY 6TH DECEMBER 2019

PLEASE TELEPHONE: 01797 229955 OR E-MAIL: mincepie@seafordstriders.org.uk

**PLEASE PRINT DETAILS BELOW**

FORENAME:

SURNAME:

ADDRESS:

POST CODE: TEL NO:

EMAIL: ESTIMATED TIME (MINS):

UK ATHLETICS AFFILIATED CLUB:

AGE ON RACE DAY: DOB: SEX: M F ENGLAND ATHLETICS REG NO:

MINIMUM AGE OF ENTRANTS IS 17 YEARS. THE COURSE IS UNSUITABLE FOR WHEELCHAIRS, PRAMS OR PUSH CHAIRS. SORRY, **NO DOGS ALLOWED.**

IF YOU ARE SEEN RUNNING WITH A DOG YOU WILL BE DISQUALIFIED. NO REFUNDS. NUMBERS WILL NOT BE TRANSFERRED TO THE NEXT EVENT.

**I HEREBY AGREE THAT THE ORGANISERS WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENTS, INJURY, LOSS OR DAMAGE TO PERSONS OR POSSESSIONS**

**DUE TO MY PARTICIPATION IN THIS RACE. I CONSENT TO MY PERSONAL AND MEDICAL DETAILS BEING RELEASED BY THE MEDICAL TEAM TO THE RACE ORGANISER (TO INFORM NEXT OF KIN AND STATUTORY AUTHORITIES) IN THE EVENT OF A MEDICAL EMERGENCY.**

SIGNED: ……………………………….…………….………………………. (PARENT/GUARDIAN IF UNDER 18) DATE: ……………………………………..

**DETAILS AND NUMBERS WILL ONLY BE SENT ON RECEIPT OF A COMPLETED ENTRY FORM, CORRECT ENTRY FEE AND STAMPED ADDRESSED ENVELOPE**