Hallow - 12 Parish Challenge Walk
Saturday 10th July 2027

Closing date for postal entries is 3rd July 2027

Please complete one form for each entrant in BLOCK CAPITALS and return it with a self-addressed envelope (SAE not required if email address is provided) and entry fee o**f £20.00 per person or 10 & 14 Mile fee £15 per person)** to:

Neil Luff, Hallow 12 Parish Challenge Walk, 1 Riverview Close. Worcester WR26DB
Tel 07855559160 – to whom all communications should be addressed

Name. . . . . .

Please circle as Appropriate: -

Male / Female **Vegetarian: Yes / No** **Run / Walk**

Routes : - 10 miles / 14 mile / 19 miles / 27.5 miles / 40 miles

Address . . . . . .

. . . . . .

. . . . . **Post Code** . . . . . .

Email Address . . . . . .

Telephone No. inc STD Code . . . . . .

Mobile Phone (If carried on walk**)** . . . . . .

Car Reg. (If left during walk**)** . . . . . .

Telephone Contact Number in case of Emergency . . . . . .

Any medical condition/information which may be relevant in case of accident *(Will be in strict confidence)*

. . . . . .

Cheque Enclosed Value: . . . . . entrants x £15/£20 = total fee of £. . . . . (Please attach 1 form per entry)

Please make Cheques payable to 9th Worcester Scout Group

I enclose a SAE for confirmation of my entry & route description. (not required if email address is given)
This is obligatory:
I agree to abide by the rules of the event and to observe the Country Code at all times. I have sufficient knowledge, experience, equipment and navigational skills to take part in a long-distance walk in all conditions. I confirm that I am in good health and have no medical condition that may cause undue concern or inconvenience to others. I confirm that I participate at my own risk and that no liability is accepted by the organisers for injury, damage or loss sustained by me before, during or after the event. I will be over 16 years old on the day of the event. I understand that particular rules may apply to entrants taking part in this event and I undertake to make myself aware of these rules before I start.

Signed . . . . . **Date** . . . . . .

If under 16 years of age, **state age at date of walk: Parental/Guardian consent:**

Name . . . . . .

Signed . . . . . **Date** . . . . . .