



**UMBR**  
**Entrant information details**



**This form needs to be completed by everybody taking part in the event.**

Here when families need us most

Registered Charity No. 517919

These details have been requested for the St John Ambulance crew. They understand if people are unwilling to supply details regarding medical conditions / medication.

Name :-.....  
Date of Birth :- .....  
Address :-.....  
Email address :-.....  
Contact number :-.....  
Medical conditions if any :-.....  
Emergency contact :-.....  
Emergency contact number :-.....

Room requirements. Circle price as per requirement.  
Single Occupant, double room with only you in it. £95  
Double room, double room sharing with partner. £95  
Twin room, sharing with another person. £70 (we will try and match you off the best we can, there will be no mixed couples in twin rooms unless by request)  
**Please note that £20 of the Event fee paid is a non refundable deposit.**

Preferred T-shirt Size :-  
Tyre Size :-  
Valve type :-

Dietary requirements is any, please state below.