

## Your Details (Independent Participant or Relay Team Captain)

Title:	First Name:	Surname:
Address:		
Town:	Postcode:	
Home Tel:	Mobile No:	
Email:	Date of Birth:	
Any Medical Information we should know before the event:		
<input type="checkbox"/> We would prefer to contact you by email – please tick here if this is <b>NOT</b> convenient		

## Entry Type (Please Tick)

	Paid Entry	Sponsorship Option
Relay Team	£30 <input type="checkbox"/>	£15 Entry (No min sponsorship) <input type="checkbox"/>
Full Marathon	£20 <input type="checkbox"/>	£10 Entry (No min sponsorship) <input type="checkbox"/>
Half Marathon	£20 <input type="checkbox"/>	£10 Entry (No min sponsorship) <input type="checkbox"/>

*Relay Teams – Please complete Information overleaf*

## Fundraising / Event Details

Type of fundraising/event: Oakland Insurance More Than A Marathon
Date: 1 <sup>st</sup> August 2015
Venue name & address (if different from above): Causeway Coast
Venue telephone no: 07880 388 164
JustGiving address (if applicable): <a href="https://www.justgiving.com/L-Coomber/">https://www.justgiving.com/L-Coomber/</a>
<input type="checkbox"/> Yes, I am happy to be named as a participant on this event on social networks and associated websites
Is there a special reason why you are supporting this charity?

## Fundraising Materials

Fundraising materials	Amt Req	Please Tick		
		Post	Email	Collect
Sponsorship form		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event poster		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balloons (max 5)		<input type="checkbox"/>		<input type="checkbox"/>
Collection box (without security chain for street collections, evnts etc)				<input type="checkbox"/>
Collection bucket				<input type="checkbox"/>

All collections from Oakland Insurance Maghera, please email [morethanamarathon@oaklandinsurance.co.uk](mailto:morethanamarathon@oaklandinsurance.co.uk) if you need to collect these from an alternative office.

## Declaration

By entering my name below I understand and agree that I am undertaking this event at my own risk and that Oakland Insurance or Headway Ballymena are not responsible for any risk, injury or loss that may result, and will not be liable for any claim which may arise from this event.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Oakland Insurance**  
Larne/Maghera/Belfast/Limavady  
**0845 074 3449**

**Headway Ballymena**  
**028 2565 1521**  
Registered Charity No: 1025852

<b>Relay Team Name:</b>		
<b>Your Details - Relay Member 2</b>		
Title:	First Name:	Surname:
Address:		
Town:	Postcode:	
Home Tel:	Mobile No:	
Email:	Date of Birth:	
<b>Your Details - Relay Member 3</b>		
Title:	First Name:	Surname:
Address:		
Town:	Postcode:	
Home Tel:	Mobile No:	
Email:	Date of Birth:	
<p>Further Information:</p>		

All payment should be made to <https://www.justgiving.com/L-Coomber/>  
Please use your name or relay team name as the message when donating so that we can assign your payment to your entry form.