

Full Name:	
Address:	
Date of Birth:	
Email:	
Telephone:	
Preferable t-shirt size:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra large
Event wave:	<input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Running
Emergency contact:	
Are there any medical conditions that you feel will affect your ability to take part in the VHI Women's Mini Marathon or that you think we should know about?	

Would you like to be added to our mailing list?

- Email** _____
- Postal** _____
- No**