Name.....................................................................................................................

Address................................................................................................................................................................................................................................................................................................................ Post Code...............................................

Tel No.....................................................

D.O.B........................Age on race day.............................M/F...............................

* **Please confirm that if the entrant is under 16 the parent or guardian has signed this form**
* **If under 16 please tick if you would prefer any photographs taken by Burnmouth Brae Races not to appear on our Facebook page or website**

Select Races for Entry

* Emergency Services Run
* Brae Cycle – helmets are compulsory
* Brae Run
* 5 K Challenge (16 years and over)
* 2 K (ish) (under 16)

**Advance Entry**

**Entries must be received by 21st April 2019 to qualify for advanced entry rates.**
**Junior (under 16)**
2K (ish) £5
Sprint £2
Bike Sprint £2
Enter all three for just £7

**Adult (16 & over)**
5K Challenge - £8
Sprint - £3
Bike Sprint - £3
Enter all 3 for £12

Entry is also possible on the day (subject to availability) and can be completed **up to 30 minutes before** your race time.

**Junior (under 16)**
2 K (ish) £6
Sprint £3
Bike Sprint £3

**Adult (16 & over)**
5K Challenge - £10
Sprint - £4
Bike Sprint - £4

Entry Fee Attached..........................................................................................Y/N

I DECLARE THAT I AM MEDICALLY FIT TO TAKE PART IN THIS EVENT AND UNDERSTAND THAT I ENTER AT MY OWN RISK. I UNDERSTAND THAT THE ORGANISERS CANNOT BE HELD RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE AS A CONSEQUENCE OF MY PARTICIPATION IN THIS EVENT. I CONFIRM THAT ANY BIKE OR HELMET THAT WILL BE USED IS ROADSAFE AND FIT FOR PURPOSE.

Signed.................................................................Date............................................

Please return to:

Kenneth Wilson, 1 Ross, Lower Burnmouth, Eyemouth, Berwickshire TD14 5SS
burnmouthbraeraces@gmail.com