**Team Name:**

Please complete all team members, if under 18 a parent or guardian must sign and indicate relationship.

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| **Surname** | **Given Name** | **Date of Birth** | **Address** | **Postcode** | **email** | **Medical Conditions** [that we should know of] | **Signature & date for indemnity** |
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**Please submit with the Registration Form before 30 April 2024**

**Registration Fee enclosed £50 Cheques made payable to The Relief Chest Scheme**