



Sunday 18th August 2019
Start Time : 9.20am

HALF-MARATHON ENTRY FORM

Please read the race details and terms and conditions on our website www.donegalmarathon.ie.

Half Marathon (13.1 miles) : € 30

(Please complete in BLOCK CAPITALS)

First _____ Name Surname _____

Address _____

Town/City _____ County _____

Country _____ Postcode _____

Phone _____ Email _____

Nationality _____ Date of Birth: DD / MM / YY _____

Gender: Male Female Wheelchair Athlete , T-shirt size: Small Medium Large Ex-large

Return completed form to: Donegal Marathon, C/o Letterkenny Chamber of Commerce, Grand Central Complex, Canal Road, Letterkenny, Donegal. Enquiries to: Donegalmarathon@gmail.com

PAYMENT (Please make cheques/bank drafts payable to **Letterkenny Athletics Club**)

Cheque bank draft postal order credit card

Credit Card Details:

Card number: Security Code

Expiry Date MM / YY

Name of cardholder (please print) _____

Signature of cardholder _____ Date _____

IMPORTANT NOTICE (Please read) Entries will not be processed unless the following disclaimer is signed.

I declare that I will be 18 years of age or over on 18th August 2019 and that I will abide by the laws and rules of the Athletics Association of Ireland (AAI). I will not compete in the race unless I am medically fit to do so on the day of the race and accept that I will be participating entirely at my own risk. I accept that the Donegal Marathon Committee, Letterkenny Athletics Club, its Servants or Agents, its Members, Associates, Partners and Sponsors will not be liable for any accidents or injuries or any property lost or stolen. By signing this form, I also give my permission to Donegal Marathon to use my photographic image for promotional and marketing purposes for the marathon.

Signature _____ Date _____