



Registration Form for Team BES

MONDAY 28th MAY 2018

NAME _____ TUTOR GROUP _____

DOB _____ AGE _____ (Under 14 years Classed as Junior)

NATIONALITY _____ GENDER - M / F

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT?

Please give details below

I agree to give my support to the above named student participating in the 2018 Bridgnorth Walk in Team BES.

I understand that any sponsorship monies raised should be forwarded to the Finance Office after the event.

Signed _____ Date _____

Contact phone no _____

Email _____

To be part of Team BES you must return this registration form to Mr Chase in the PE department