

**ROTARY CLUB OF BANFF**

**Supported by**

**Banff Round Table and**

**Banff Inner Wheel**

Sunday 28th May 2023

10am START *at* Deveron Community and Sports Centre Whinhill Road car park

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| --- | --- | --- | --- | --- |
| NAME OF GROUP: ………………………………………………………………... | | | | |
| Group Leader : ………………………. | | | Address: | …………………………….. |
| (Print Clearly) | |  |  | …………………………….. |
|  | | |  | …………………………….. |
| Telephone: | ………………………….. | |  | …………………………….. |
| Mobile No.: | ………………………….. | | Email: | …………………………….. |

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| --- | --- |
| Names of Group Members (no minimum or maximum number in a group) | Age at date of event  (if under 18) |
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DISCLAIMER

I, as Group Leader, and the Group Members understand that we enter the Banffshire Cycle Challenge at our own risk and that no person(s) or organisation(s) will be held responsible for any injury, accident or loss to our group, prior to, during or after the event. I understand the organisers reserve the right to alter the arrangements and conditions should circumstances require. Our Group members are in good health and confirm this challenge is within our capabilities. We expect to raise over £100.

Completed forms to be sent to Banff Rotary Club, c/o Macduff Dental, 52 Duff Street, Macduff AB44 1LQ or

emailed to: banffshirecyclechallenge@gmail.com

|  |  |  |
| --- | --- | --- |
| **Signature:** | **……………………………………………………………………...** | **Date: …………………………….** |
| **Print Name:** | **…………………………………………………..………………….** |  |

**Please also read the guidelines for Group Entry below**

**ALL GROUPS MUST REGISTER PRIOR TO THE EVENT WITH A COMPLETE LIST OF GROUP PARTICIPANTS**

**Completed forms to be returned to: Banff Rotary Club c/o Macduff Dental, 52 Duff Street, Macduff AB44 1LQ or emailed to: banffshirecyclechallenge@gmail.com**

**GROUPS MUST HAVE ONE DESIGNATED INDIVIDUAL/ ADULT RESPONSIBLE FOR THEIR GROUP ON THE DAY AND DURING THE EVENT.**

**THE DESIGNATED INDIVIDUAL IS RESPONSIBLE FOR COLLECTING AND SUBMITTING ALL SPONSOR MONIES RAISED BY THE GROUP TO THE PRE REGISTRATION TABLE ON THE DAY OF THE EVENT AT TIME OF CHECK-IN OR AS SOON AS POSSIBLE AFTERWARDS TO : Banff Rotary Club c/o Macduff Dental, 52 Duff Street, Macduff AB44 1LQ**

**THE DESIGNATED INDIVIDUAL IS RESPONSIBLE FOR COLLECTING THEIR TEAM NUMBERS FROM THE PRE-REGISTRATION STAND AND DISTRIBUTING THEM AMOUNGST THEIR TEAM MEMBERS.**

**(PLEASE ENSURE YOUR TEAM MEMBERS DO NOT GO TO THE REGISTRATION STAND INDIVIDUALLY AS THIS MAY RESULT IN DOUBLE REGISTRATIONS)**

**Thank you for your support**