# **REGISTRATION FORM**

The Manic MaraFun is a 26-mile marathon challenge with a difference. Each participant only has to complete 1 mile or 4 laps of the athletics track at the iconic Stoke Mandeville Stadium. The 26.2 miles are divided into 27 stages (each stage is 4 laps of the athletics track). Each stage will be completed in a unique style by an individual, a family or a group (a minimum of 27 different participants are needed).

**26 MILES IN 26 STYLES**

Choose from one of the wacky options below:

Cycling (road tyres only), Hand Cycling, Sports Wheelchair, Racing Wheelchair, Tennis Wheelchair, Basketball Wheelchair, Day Chair, Crutches, Running, Cheetahs, Dancing, Jogging, Yomping, Skipping, Skipping with Rope, Hopping, Speed Walking, Walking, Prosthetic Leg, Three-Legged Race, Pram Race, Ballroom Dancing, Four Feet Fandango, Conga, Walking Backwards, Hop, Skip, Jump, Acting, Juggling, Bouncing a Basket Ball, Dribbling a football, Scooting.

You are welcome to come up with an alternative method, but it must be on foot, using a wheelchair, bike, trike or scooter with road tyres (skateboards and other small-wheeled methods of transport are not permitted on the athletic track).

Please confirm your place/s early to ensure that your preferred style (method) is available and that you can take-part using the method most suited to your ability and personality. Styles will be confirmed on a first-come first-served basis.

**Adults:**

**Enter your chosen style here: (E.g. On Crutches)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will need to complete four laps of the track using this method of transport/movement.**

The first stage will commence at 9.30am. We have allowed 20 minutes for each stage. Some of the disciplines will be quicker and some will be slower, but this will give you an idea of what to aim for.

**Children:**

We have included 4 slots for children to complete 1 lap of the track - running, scooting, cycling or in a wheelchair. This will make up approximately 1 mile of the event. Please tick your preferred option.

Running

Scooting

Cycling

Wheelchair

Children are also welcome to join in as part of a family or group in one of the above wacky styles.

# Please complete and return this registration form by 8th September 2017 to: Suzanne Thomas at LimbPower, Whitecroft, Tandridge Lane, Lingfield, Surrey, RH7 6LL or email to [suzanne@limbpower.com](mailto:suzanne@limbpower.com). For admin enquiries, telephone: 07789 075632.

# For event enquiries, telephone 07789 075709 or email carly@limbpower.com

**PERSONAL DETAILS**

**Title (Mr./Mrs./Ms./Miss/Master/Dr) ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forenames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex Male Female Age

**REGISTRATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Adult registration fee £11** |  | **Adult registration fee with Lunch £16.00** |  |
| **Child Registration fee £1** |  | **Child registration fee with Lunch £6.00** |  |
| **Lunch only £5.00** |  |  |  |

I pledge to pay the non-refundable registration fee and to raise a minimum of £50 sponsorship for LimbPower. See if you can raise £1,000, but don’t worry if you can’t, as every penny counts.

**MEDICAL AND GENERAL INFORMATION**

**Emergency contact name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a disability YES / NO Date of amputation / disability** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of amputation / disability** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If congenital, please tick here**

*(e.g. Right above knee)*

**Which assistive aids do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(e.g. Wheelchair, prostheses, crutches)

**DECLARATION AND RULES OF ENTRY**

# By signing this entry form, I agree that the personal details supplied may be used by the Manic MaraFun Organisers for the efficient administration of the event, and to market other LimbPower services or events, which they consider may be of interest to me. I understand that any photographs taken at the Manic MaraFun featuring myself or my child/ren may be used in Manic MaraFun related publicity. I accept that LimbPower take no responsibility whatsoever for any loss, injury, claim or damages, however caused, which may arise from any individual or team entry in the Manic MaraFun on 1st October 2017. I understand that by signing this form I am confirming that my general state of health is good and that I take full responsibility for my own medical well-being. I confirm that I have read fully and agree to abide by the terms and conditions of entry in the Manic MaraFun. I understand that by completing this form and by registering for the Manic MaraFun 2017, I pledge to pay the registration fee and to raise a minimum of £50 sponsorship for LimbPower. I enclose a cheque made payable to LimbPower, which represents my non-refundable registration fee.If you do not wish to be contacted for any purpose other than your Manic MaraFun 2017 application, please tick this box

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# **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ As the Parent/Carer/Guardian of the under 16 year old named above, I give my consent for them to participate in the event as indicated above and if the above named child is under 10 years old, I agree to accompany them throughout the event. I agree to the terms and conditions outlined.**

# **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Please complete and return this registration form by 8th September 2017 to: Suzanne Thomas at LimbPower, Whitecroft, Tandridge Lane, Lingfield, Surrey, RH7 6LL or email to [suzanne@limbpower.com](mailto:suzanne@limbpower.com). For admin enquiries, telephone: 07789 075632.

## For event enquiries, telephone: 07789 075709 or email carly@limbpower.com

Payment Form

Fees must be **paid in full** with the Registration Form and received by LimbPower by **Friday 8th** September 2017. Registration for the event cannot be confirmed until payment has been received. Refunds cannot be issued unless 2 weeks notice of cancellation is received prior to the start of the event unless there are exceptional circumstances.

|  |  |  |
| --- | --- | --- |
| Cost | Amount | Total |
| Adult Registration Fee  Child Registration Fee  Adult Registration Fee with Lunch  Child Registration Fee with Lunch  Lunch only |  | **£11**  **£1**  **£16**  **£6**  **£5** |  |  |
| Special dietary requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | TOTAL FEES: |  |

Payment by Bank Transfer

Sort Code: 40-35-40 Account Number: 61459023 **Ref: Manic Marafun.**

Payment by Cheque or Postal Order

Made payable to **LimbPower** with the **Reference: Manic Marafun** written on reverse.

Enclosed with this entry form for the Manic Marafun is a cheque for £

Payment by Credit/ Debit Card (Visa, Visa Debit, MasterCard)

If you wish to pay by Credit Card, please complete the form below in block capitals:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | Initials | | |  | | | Surname | | | |  | | | | | | | | | | | |
| Card Number | |  | |  |  | |  |  | |  | |  | |  |  | |  |  |  | |  |  |  |  |
| Valid From | |  | | | | | | | | | Expiry Date | | | | |  | | | | | | | | |
| Issue No. | |  | | | | | | | | | Security No. (last 3 digits  below magnetic strip) | | | | | | | | |  | | | | |

Please debit my account £ sterling in payment for entry to the Manic Marafun.

I would like to make a donation to LimbPower for £\_\_\_\_\_\_\_\_

Signed …………………………………………………………

Dated………………………………………………………

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