

jog for jockeys

Supporting Irish Injured Jockeys

Bib Number: _____

NAAS RACECOURSE / SUNDAY 27TH AUGUST 2017

Entry Form

PLEASE COMPLETE IN BLOCK CAPITALS

Male: Female: Child Under 12:

Name: _____

Email Address: _____

Mobile Number: _____

Emergency Contact: _____

Distance: 5K 10K

TEAM ENTRY

Entry is €100 per team of 5 with 4 times to count.

Team Name: _____

Emergency Contact: _____

THE EQUINE TEAM ENTRY

Entry is €100 per team of 5 with 4 times to count.

Team Name: _____

Emergency Contact: _____

Your contact details are strictly confidential and will be used solely by Jog for Jockeys and the Injured Jockeys Fund and will not be shared with any third party. Please tick here if you do NOT wish to be contacted.

Signature: _____



Approved by AAI