

THE YORKSHIRE WOLDS HALF MARATHON

BISHOP WILTON, 15 MILES EAST OF YORK

SATURDAY 15th JULY 2017

**PRESENTED BY, AND HELD IN CONJUNCTION WITH, THE BISHOP WILTON SHOW AND CRAFT FAIR
A SCENIC AND CHALLENGING COURSE THROUGH THE PICTURESQUE YORKSHIRE WOLDS
AT THE NEW VENUE USED FOR 2014**

UKA Permit Number to be confirmed

START

10.00am

From the Show Field, High Callis Wold Farm. (Grid reference SE831559) (Postcode YO42 1TD)

TROPHIES AND PRIZES

Men	Open	Over 40	Over 45	Over 50	Over 55	Over 60
Women	Open	Over 40	Over 50			
Teams	UKA club	Non athletic club	Hand thrown pottery mugs to all finishers.			

ENTRY

Online entry is preferred before the closing date of 1st July 2017 however you can enter by post using this form.

The website for online entry is https://www.sportsentrysolutions.com/new_demo_race_page.php?recordID=200532

Entry fees are £13.00 for UKA Affiliated Runners and £15.00 for Unaffiliated Runners.

Please do not post any entries after 25th June 2017.

Send cheques payable to "Bishop Wilton Show 2017" to "The Race Registrar, 11 The Horseshoe, York. YO24 1LY". No SAE is required.

Entry on the day should be available at £15.00 for UKA Affiliated Runners and £17.00 for Unaffiliated Runners; however, runners who enter on the day will not be eligible for trophies or prizes in the veterans and team categories.

THE BISHOP WILTON SHOW AND CRAFT FAIR

Craft fair, show jumping, livestock displays, refreshment tents, live music and other attractions.

One free entry to show per programme. Car parking free.

OTHER NOTES

Competitors must be over 17 on the day of the race. Pre race training on the off road section is not permitted.

Telephone number for enquiries (07970) 118432.

To : The Race Registrar, 11 The Horseshoe, York. YO24 1LY. (No SAE required)

I wish to enter the Yorkshire Wolds Half Marathon 2017. I declare that I am an amateur as defined by UKA rules. I certify that I am medically fit to run a half marathon. I agree that the organisers will in no way be held responsible for any injury, illness or damage to my person or possessions during, or as a result of, my participation in the Yorkshire Wolds Half Marathon. I will be 17 years, or older, on the day of the race. I understand that the organisers will pass on appropriate personal information in the event of my requiring medical treatment.

Name: _____ Signature: _____ Date of Birth: ____/____/____

Address: _____

Postcode: _____ email: _____ Contact Phone No: _____

Complete **one** of the following three sections:

1	I am a UKA Affiliated Runner (please tick) – you pay £13.00	UKA Club name	
	UKA membership number <input type="text"/>		
2	I am an Unaffiliated Runner (please tick) – you pay £15.00		
3	I am an Unaffiliated Runner but I wish to run in a non athletic team (please tick) – you pay £15.00	Non athletic team name	

Tick one of the following boxes to indicate which category of prizes you are eligible for:

Men	Open	<input type="checkbox"/>	Over 40	<input type="checkbox"/>	Over 45	<input type="checkbox"/>	Over 50	<input type="checkbox"/>	Over 55	<input type="checkbox"/>	Over 60	<input type="checkbox"/>
Women	Open	<input type="checkbox"/>	Over 40	<input type="checkbox"/>	Over 50	<input type="checkbox"/>						