

RACE / EVENT PROMOTERS RETURNS FORM

RACE NAME LICENCE No

RACE DATE REGION

PLEASE COMPLETE THIS FORM AND FORWARD **WITHIN ONE CALENDAR MONTH** OF THE DATE OF THE RACE TOGETHER WITH THE FOLLOWING

- (1) COPY OF A COMPLETED UKA RACE MEDICAL RETURN
- (2) A COMPLETE LIST OF RACE ENTRIES
- (3) A COPY OF THE FULL RACE RESULT SHEET
- (4) A CHEQUE FOR THE LICENCE FEE LESS THE £25 DEPOSIT. (BANDS ARE SHOWN OVER LEAF)

PLEASE GIVE DETAILS OF **ENTRIES** RECEIVED FOR YOUR RACE:

	MEN	WOMEN	TOTAL
TOTAL NUMBER OF ATTACHED RUNNERS
NUMBER OF UNATTACHED RUNNERS

TOTALS

PLEASE ENCLOSE A CHEQUE MADE PAYABLE TO “WELSH ATHLETICS LTD ” FOR THE LICENCE FEE FOR ALL ATHLETES THAT ENTERED YOUR RACE. LESS £25 DEPOSIT.

IS YOUR RACE TO BE HELD AGAIN NEXT YEAR **YES / NO / NOT YET DECIDED**

PLANNED DATE OF NEXT YEARS RACE

CONTACT NAME FOR NEXT YEARS RACE Mr/Mrs/Miss

(If no race is planned for next year you must still give a contact name & address so that the levy receipt can be sent)

ADDRESS

EMAIL ADDRESS POST CODE

EVENING TEL No. DAYTIME TEL No.

PLEASE RETURN THIS FORM AND REQUESTED PAPERWORK TO YOUR REGIONAL LICENCE OFFICER

NORTH: Mr Paul Brooks, 15 Llys Celyn, Leeswood, Mold CH7 4UQ
Tel – 01352.770702 E:mail - licences.north@welshathletics.org

SOUTH: Welsh Athletics, C.I.S.S, Leckwith Road, Cardiff. CF11 8AZ
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