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|  | **Entry Form** |  |

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|  | **Name** | |  | **Team Name (if known)** |  |
|  |  | |  |  |  |
|  | **Email** | |  | **Tel No.** |  |
|  |  | |  |  |  |
|  | **Ability (Please Tick)** | |  | **In Case of Emergency Contact** |  |
|  | Beginner |  |  |  |  |
|  | Intermediate |  |  |  |
|  | Advanced |  |  |  |
|  | **Please list any medical conditions** | | | |  |
|  |  | | | |  |
|  |  |
|  | **Special dietary requirements** | | | |  |
|  |  | | | |  |
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Please send to: Ladies Yomp, Birks Farm, Birks Lane, Sedbergh, Cumbria, LA10 5HQ