



<b>Canoe Challenge 2020 Entry Form</b>	
Forename:	
Surname:	
Date of Birth: (DD/MM/YYYY)	
Address:	
Postcode:	
Telephone Number:	
Email:	
<b>Emergency Contact</b>	
Medical Conditions:	
Name and Relationship:	
Contact Information:	

**If you require a t-shirt please circle your size:**

**S M L XL**

I can confirm that I have read the booking terms and conditions, medical restrictions and any relevant information and I understand and agree to be bound to those terms and conditions.

**Signature:**

**Date:**

**Please return your forms to Tessa McGrath at:**  
Zoë's Place Baby Hospice, Yew Tree Lane, Liverpool, L12 9HH