PAAA 44th ANNUAL ROUND THE ISLAND RELAY 2024

PARTICIPANTS NAME LIST

1. Name of Team :_____

2. Name of Team Manager : _____

3. Address : _____

_____Postcode:_____

4. Tel.No. : H/P : _____ email :_____

5. Indemnity : We, the undersigned agree to abide by the conditions and rules of the race. We, ourselves, our heirs, executors and administrators waive, release any and all rights or claims to damages we may have against the Organizers for any and all injuries, death and invalidity we may sustain during the course of the 44th Round-The-Island Relay 2024 or arising as a result of it.

6. Category : Please tick (X) in the appropriate box.

A	Men Open		**B**	Men Veteran Open	

C	Mixed	

No.	Competitors Name (Block Letters)	Date of Birth	I.C./Passport No.	Gender	Signature
1					
2.					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Team Mobile Marshal

1					

TEAM MANAGERS DECLARATION

I certify that the competitors particulars stated above are correct.

Signature of Team Manager : _____ Date : _____

Submit by 10-11-2024. Late entries will not be entertained.