

**Glide – 17<sup>th</sup> June 2017**  
**Beaumont Hospital Foundation**  
**Registration Form**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel/Mob: \_\_\_\_\_ Email: \_\_\_\_\_

Age: ( ) 18-24 ( ) 25-34 ( ) 35-44 ( ) 45-54 ( ) 55-64 ( ) 65+

**Person to contact in the case of emergency:**

Name: \_\_\_\_\_

Contact No: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Have you any health issues we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Please briefly outline your cycling experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Distance:** ( ) Dublin to Galway 212km

( ) Clara to Galway 110km

**I am paying €110 by:** ( ) Cheque ( ) Cash ( ) Card

Please return your registration form by post to **Beaumont Hospital Foundation, Beaumont Hospital, Dublin 9** or scan and return by email to [hello@beaumont.ie](mailto:hello@beaumont.ie)

Cheques should be made payable to Beaumont Hospital Foundation or to pay by card call

**01 809 2161**

**Registration Deadline Monday 29<sup>th</sup> May**