

# The Great South West Bed Race



**THE GREAT SOUTH WEST  
BED RACE**

**CEO SPRINT**

**Saturday 7 April 2018**

**ENTRY FORM**



**ST JOHN OF GOD**  
Bunbury Hospital

Please complete this form in **BLOCK CAPITALS** to avoid any errors

<b>TEAM NAME</b>			
<b>Minimum funds raised</b>	\$5,000 per team		
<b>Bed Head</b> (team captain)			
<b>Address</b> (Street) (Town) (Postcode)			
<b>Tel No.'s</b>	<b>Day</b>	<b>Mobile</b>	
<b>Email address</b>			

<b>Team details – required information</b>			
<b>Name</b>	<b>Contact mobile number</b> (in case of emergency on the day)	<b>Age</b> All participants must be 16 years of age or older to participate	<b>M / F</b>
<b>Runner 1/Bed Head</b>			
<b>Runner 2</b>			
<b>Runner 3</b>			
<b>Runner 4</b>			
<b>Passenger (CEO)</b>			

<b>Team details – optional</b>	
<p>Is there any medical information you feel we should know about pertaining to any of the team members? Allergies, use of inhaler etc.</p> <p>This information will remain confidential but can be detailed on the supplied wrist bands if preferred</p> <p>*Any additional information worth knowing about the team, its members that may be shared?</p> <p><b>See disclaimer below</b></p>	

- ALL PARTS** of this entry form must be completed in full. Updates should be given by email up until the team briefing meeting
- A current email address and phone number for all contact between the organisers and the team must be supplied
- Please feel free to enclose any team information for possible pre-race publicity
- Please make cheques payable to 'St John of God Health Care Inc', enclosing a Stamped Addressed Envelope if you require a receipt
- Applicants must consent to their details being held on a database
- St John of God Health Care Inc. will not be responsible for the death or injury to participants and/or damage to the participants property arising from the bed race
- A hospital bed will be provided for the use of the team on the day
- Teams dropping out within 4 weeks up to the bed race will forfeit their entry fee. No refunds will be given and they will be treated as a new team the following year
- Participants in the CEO Sprint must be aged 16 or over.

***I shall ensure that all members of the team to which this entry relates to are aware of the 2017 bed race rules***

**Printed name:**

**Signature:**

**Date:**

**Please send this completed form to:**

Kristy Sharpham  
St John of God Bunbury Hospital  
PO Box 5007  
Bunbury WA 6230

Telephone: 08 9722 1621  
Email: [bu.bedrace@sjog.org.au](mailto:bu.bedrace@sjog.org.au)  
Bed race website: [www.greatsouthwestbedrace.org.au](http://www.greatsouthwestbedrace.org.au)

**Fees can be paid by cheque made out to St John of God Health Care Inc., by credit card (authority below) or by direct deposit to:**

St John of God Health Care Inc.  
BSB: 036 001

Account: 195 406

*If transferring by direct deposit, please use the narration 'CEO Sprint' and your team name.*

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**Registration fee credit card authorisation form**

Cardholder name: \_\_\_\_\_  
Credit Card type:  Visa  Mastercard  AMEX  
Credit Card number: \_\_\_\_\_  
Expiry: \_\_\_\_/\_\_\_\_ CSV: \_\_\_\_\_  
Billing address: \_\_\_\_\_

I authorise St John of God Health Care Inc. to charge \$_____ to my credit card provided herein. Signed: _____ Date: _____ Name: _____
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The requirement to complete this form has been brought about by the need for St John of God Health Care Inc. to comply with safety advice given by statutory bodies that authorise the event.

A designated Bed Head is required to ensure the team will follow health and safety advice.

It has been strongly suggested that we should know the names of all those taking part in the race and have emergency contact details on the day. Notice of medical conditions that would be useful to first aid personnel can be added to the form but if preferred this information can be detailed on the inside of the wrist band.

I have read the disclaimer and I am authorised to disclose this information on behalf of the team and individuals named above  Signed :	<b>Disclaimer:</b> Participation in this information sharing is optional and is for the sole purpose of giving St John of God Health Care Inc. and their bed race partners' background information on teams. This information will be shared with local radio any may be used in their coverage of the bed race before, during and after the event. Leave this section blank if you do not want to disclose the information. This information will <b>NOT</b> be used for any form of marketing. Please return the completed form (both pages) to: <b>Kristy Sharpham, PO Box 5007, Bunbury WA 6230</b>
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