



OFFICE USE ONLY

Bib #: _____

Wave Time: _____

Paid: _____

PARTICIPANT TRANSFER FORM

PLEASE PRINT CLEARLY

NOTE: Terms and Conditions MUST be attached

Who are you replacing (Full Name): _____

First name: _____

Last name: _____

Email: _____

YOUR PERSONAL DETAILS

First name: _____

Last name: _____

Email: _____

Date of Birth: _____ / _____ / _____

Gender: Male Female

Preferred contact number :(_____) _____

Postcode (for reporting purposes): _____

Do you have any existing medical conditions which may impact your ability whilst participating in Stadium Stomp? If yes, please detail:

Emergency contact name: _____

Phone number: (_____) _____

I have read the Stadium Stomp Terms and Conditions carefully and agree with these terms and conditions. I fully understand that I am giving up substantial rights when I agree to these terms and conditions by signing my name below.

Signature: _____

Print name: _____

Date: _____ / _____ / _____