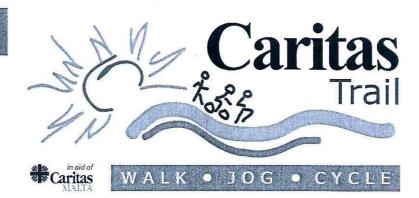
APPLICATION FORM

Please fill in this form and effect payment at any BOV branch, MaltaPost Post Office or through BOV 24x7 Internet Banking (www.bov.com)

This application form must be shown when effecting payment at one of the said branches and must be shown on the day of the event together with the receipt. Participants using the BOV 24x7 Internet Banking have to print the receipt or get the transaction/ reference number together with this form on the day.

Entry Donation: €10



29th September 2013

Entry Donation: €.	EQ 8				F	P/L19/13
Name and surnam	e of participant		\$	7.00		
I.D. Card No.				s	×	
Phone/Mobile Nu	mber .					
Route A	111	52.7	10 In	2		
activity in which vou will be participating.	00	m St. Mary Ma	The second section of the second section of the second section of the second se	- 1004 AUG		
Date of Birth — Email				B(ored by	
Date				Bank of	Vallet	ta
Signature —		a.		(T) (E)	alta OS	
	(If you are under 18 years of	f age you will requ	ire parental consent to	participate)		
On acceptance of this that I abide by the eliquities clare that I am medica enter at my own risk.		If entra	nt is under 18 years, pa	articipation is au	thorised by	X

Name

I.D.

Signature

(parent/guardian)

Caritas Tel. No.: 2590 6600

children or pets.

organising committee will not be responsible

in any way for any injury or illness incurred during or as a result of the event or any property lost or stolen. I accept that I may be

filmed, photographed or recorded for broadcast and future promotional purposes. I take full responsibility for any accompanying

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