
EVENTS FORM

NAME OF ORGANISATION: ___Slieve Gullion Wheelers Touring and Tandem Cycling Club_____

TITLE OF EVENT(S): _140 Km or 60 Km Tour of South Armagh_____
(If more than one event, photocopy and submit on separate sheet).

DATE OF EVENT: __Sunday 27th May 2007_____

TIME OF EVENT: __Registration from 9.15 am. Start time 10.00 am_____

VENUE OF EVENT: _Mountain House Inn – 4 mile from Newry on A25 between Camlough and Belleeks_____

ADMISSION CHARGE IF ANY: £10/€15_____

NAME OF PERSON TO BE CONTACTED: __Danny McSherry (Club PRO)_____

ADDRESS: ___31 Springhill Road, Glennane, Co.Armagh. BT60 2LF_____

EMAIL: __mcserrydaniel@hotmail.com_____

WEBSITE: _____

SIGNATURE: __Danny McSherry_____ TEL. NO.: 02837507279 or MOB. NO: 07720838681 _____

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY: - Registration fee covers Soup/Tea and sandwiches at Newtownhamilton Community Centre (half-way stage) and at Mountain House (finish). All Participants receive a medal. Wearing of cycling helmets is highly recommended _____

