

Transfer Form

[Turks Head 10 2026](#)
enquiries@sportsystems.co.uk

Please fill out form on the reverse.

- This form is to be used when one runner wishes to transfer their place to another runner.
- A £5 administration fee is required for the transfer to take place.
- Both parties must complete the relevant section. This can be done as one form or two separate forms (please make sure you have given the other person's name when sending in two separate forms.) Return the form(s) to Sport Systems by emailing us the scanned form to enquiries@sportsystems.co.uk
- The new runner will not appear on any entrant list online as this applies to the original order.
- Payment must be made by BACS.
- Our BACS payment details are:
 - Name: Sport Systems Ltd
 - AC No.: 55860109
 - Sort Code: 60-08-01
- Please put the original runners name in the BACS payments reference field.
- Transfers will not take place without payment.
- One runner is not allowed to give their race number to another without using this form and if discovered, would mean disqualification.
- Please return this form to Sport Systems by **Friday 1st May 2026**. If it is not received by this date, then the swap will not take place. Number swaps will not be available on race day.

PLEASE NOTE: A transfer is only a transfer if the number and chip are in the possession of the new runner. It is the responsibility of the two parties to ensure the number is exchanged. You must be confident that you can get the number. A number sitting on the doormat at another runner's house because they are on holiday is not a transfer.



www.sportssystem.co.uk

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Please see instructions on reverse.

This section to be filled in by original runner:

Name: _____ Order Number: _____
DOB: _____ Race Number: _____
New Runner: _____ (if known)
Race: **Turks Head 10 2026**

I am willing to transfer my entry for the above race to the new runner stated below.

Signed: _____ Dated: _____

This section to be filled in by new runner:

First Name: _____ Surname: _____
Address: _____ Date of Birth: _____
Town: _____ Male/Female: _____
Postcode: _____ Contact Number: _____
Email: _____
Club: _____ UKA Reg: _____
Emergency Contact: _____ Their Contact Number: _____
Original Runner: _____

DECLARATION: I am medically fit to run and accept that I compete in the above mentioned race at my own risk and that the organisers shall not be liable for any accident, injury or loss as a consequence of my participation. I will abide by the UK Athletics rules and the rules of the above mentioned race and I will obey Marshals' instructions.

DATA PROTECTION: Your details will be stored on computer for the purposes of race administration and results production. If you do not wish your details to be passed on to a third party, including other running-related organisations such as the race photographer, please tick this box:

I have made a BACS payment to Sport Systems Ltd

Signed: _____ Dated: _____