WING WALKING

**7th September 2019**

**REGISTRATION FORM**

Personal details

*(Please complete in block capitals)*

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME: |  | | |
| SURNAME: |  | | |
| ADDRESS: |  | | |
| POSTCODE: |  | NATIONALITY: |  |
| EMAIL: |  | | |
| TELEPHONE: |  | MOBILE: |  |
| DATE OF BIRTH: |  | GENDER: | MALE / FEMALE  *(please delete as appropriate)* |
| NEXT OF KIN: |  | | |
| NEXT OF KIN TELEPHONE: |  | NEXT OF KIN MOBILE: |  |

|  |  |
| --- | --- |
| Do you have a personal experience, story or reason why you have chosen to support the Hospice? If so, please share the details here: | |
| Do you have any health issues that may affect you taking part in a Half Marathon? | |
| Do you work for a company that offers Match Funding? If so, please complete the following details: | |
| NAME OF EMPLOYER: |  |
| YOUR JOB TITLE: |  |
| PERCENTAGE OF MATCH FUNDING: |  |

|  |
| --- |
| **Registration for this event costs £75 and there is a minimum fundraising expectation of £750** |
| **I would like to pay the £75 registration by:**  ** Cheque:** Make cheque payable to Greenwich & Bexley Community Hospice  ** Credit/Debit card:** Visa  Delta MasterCard Switch   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Card Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Valid From:** |  |  | **/** |  |  |  | **Expiry Date:** |  |  | **/** |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Security Number:** |  |  |  | |

TERMS & CONDITIONS

I understand that I take part in this event at my own risk and that Greenwich & Bexley Community Hospice cannot be held responsible for any loss, damage or injury, however caused as a result of Wing Walking.

I agree that any photos taken during the event may be used for publicity purposes.

The Hospice will be unable to cover the cost of your place, if you haven’t raised a minimum of £500 within 2 weeks of the event. Registration fees are non-refundable.

Keeping in touch

By giving your contact details, we will contact you by post and email about this event. We would also love to stay in touch to tell you about the amazing difference that you’ve made, and keep you updated with the work we are doing, future events, and other ways of getting involved. We want you to be completely happy with how we communicate with you.

I would like to hear from the Hospice by: (Tick any which apply)

□ Post

□ Email

□ Telephone

□ I would prefer the Hospice not to contact me

We want you to be completely happy with how we communicate with you and you can change your mind at any time by contacting us on

020 8320 5785 or [fundraising@gbch.org.uk](mailto:fundraising@gbch.org.uk)

**SIGNATURE:** **DATE: //**

Please return this completed form together with your £30 registration fee:

BY EMAIL:

amandajtolley@gbch.org.uk

BY POST:

Fundraising Office

Greenwich & Bexley Community Hospice

12 – 15 Bellegrove Parade

Welling

Kent DA16 2RE

FOR MORE INFORMATION:

[Fundraising@gbch.org.uk](mailto:Fundraising@gbch.org.uk)

020 8 319 9230