

For Office Use Only

R/E:

Issued:



Registration Form (one form per entrant) Unless family entry

Single/Lead Walker

Title First name Surname
Address
Town Post Code
Telephone: Daytime
Mobile Email*

*We will keep you up to date with event details via email to help reduce our costs

Please complete details below for CHILD & FAMILY ENTRY- Over 14's need to complete an individual registration form

First name	Surname	Age (if under 14)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that all correspondence for FAMILY ENTRY will be sent to the lead walker

Entry Options

- Adult Walker for 'Walk as One' - £6 per entry
 Child Walker under 5 years old - Free Entry*
 Child Walker aged 5-14years - £3 donation*
 Family Entry 2 Adults & 2 Children (under 14) - £15 per family

*Please complete child's name & age above

Cheque Payment

- I enclose a cheque for £ made payable to 'Weston Park Hospital Cancer Charity'

Credit/Debit Card payment details

- I wish to pay £ by debit/credit card and have provided my card details below

Cardholder's Name

Card Number / / / /

Security No *

Valid from / Expiry Date / Issue No: (Maestro)

Cardholder's Signature Date

Please note we cannot accept American Express

*The three digit security number printed on the reverse of the card is required to make a payment - bookings can be made by phone if you would prefer.

Declaration

I understand that whilst undertaking the Weston Park Hospital Cancer Charity, 'Walk as One' 5K Sponsored Walk I do so at my own risk and that I am responsible for my own safety and welfare during the event.
I confirm that other persons (if any) named on this registration form and any minors (under 14) are in my care at all times during this event.

Signature Date

Print name