

I want to be a star for a night in Bishop's Stortford!

Title	Forename	Surname
-------	----------	---------

Date of birth	Contact number
---------------	----------------

Home address

Postcode

Email

(by giving us this email address you are consenting to receive further information from St Clare Hospice)

T-shirt size: Small / Medium / Large / X-Large / XX-Large

Category	Price	Quantity	Sub Total
Entry fee	£15.00 each		
Donation*	Optional		
TOTAL			

Cheques are to be made payable to St Clare Hospice. Deadline for postal entries is **Tuesday 13th September**. Please post your completed form and cheque to Starlight Walk Team, St Clare Hospice, Hastingwood Road, Hastingwood, Essex CM17 9JX

***Gift Aid can make your donation go further.**

Tick here if you would like St Clare Hospice to claim tax on all donations you have made in the previous 4 years and all future donations. To be eligible for Gift Aid you must pay an amount of income tax or capital gains tax in each tax year at least equal to the tax we claim back on your donations (25p for every £1 you give) in that tax year. If in the future your circumstances change and you are no longer a UK tax payer or if you change your name or address, please notify us.

giftaid it

Event Terms and Conditions

Myself and everyone stated on this form are all accepting the following Terms and Conditions: I am taking part in the Starlight Walk on Friday 16th September 2011 at my own risk and that St Clare Hospice will not accept liability for any accidents, injury, loss or damage to persons or property as a result of my participation. I agree that I should seek medical advice from my GP if I am in any doubt as to my ability to participate in the event. I will not receive a refund if I am unable to attend on the night, my entry fee will be treated as a donation to the charity. My place is not transferable to another person. I am aged over 16 years old. I will not bring any dogs with me (only Guide or Hearing dogs are permitted to take part). I will not consume any alcohol prior to or during the event. By registering for this event, I am giving my consent for any photographs taken of me on the night to be used in future publicity.
 I am ticking this box because I do not want St Clare Hospice to send me any further details about the work of the Hospice and future events

Signed _____ Dated _____

If I am aged 12-15 years old, I will be accompanied by a responsible adult who is registered to take part and it is their complete responsibility to look after me. My parent/guardian has signed below to allow me to take part. My parent/guardian and I agree that I will abide by the above terms and conditions.

Signature of parent/guardian _____ Dated _____

Where did you hear about the Starlight Walk?
--

Why are you taking part in the Starlight Walk?
--

Team name (include company name if it's a company team)

The people below are also being stars for the night!

Additional walker 1

Title	Forename	Surname
-------	----------	---------

Date of birth	Contact number
---------------	----------------

Home address

Postcode

Email

(by giving us this email address you are consenting to receive further information from St Clare Hospice)

T-shirt: Small / Medium / Large / X-Large / XX-Large
--

Additional walker 2

Title	Forename	Surname
-------	----------	---------

Date of birth	Contact number
---------------	----------------

Home address

Postcode

Email

(by giving us this email address you are consenting to receive further information from St Clare Hospice)

T-shirt: Small / Medium / Large / X-Large / XX-Large
--

Additional walker 3

Title	Forename	Surname
-------	----------	---------

Date of birth	Contact number
---------------	----------------

Home address

Postcode

Email

(by giving us this email address you are consenting to receive further information from St Clare Hospice)

T-shirt: Small / Medium / Large / X-Large / XX-Large
--