

I want to paint the town pink for St Clare Hospice!

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		
Donation*		Optional	
TOTAL			

Cheques are to be made payable to St Clare Hospice. Deadline for entries is Friday 10th June; there are no registrations on the night. Please post your completed form and cheque to Midnight 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.

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Event Terms and Conditions

Myself and everyone stated on this form are all accepting to follow the following terms and conditions: I am taking part in the Midnight Walk on Saturday 18th June 2011 at my own risk that St Clare Hospice will not be held liable 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 am aged 14 years or over (if I am a child aged 14 or 15, I will be accompanied by a responsible adult who is registered to take part). 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 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

Where did you hear about the Midnight Walk?
Why are you taking part in the Midnight Walk?
Team name (include company name if it's a company team)

The people below are also helping me paint the town pink!

Additional walker 1

Title	Forename	Surname
Date of birth		Contact number
Home address		
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Additional walker 2

Title	Forename	Surname
Date of birth		Contact number
Home address		
Postcode		
Email		
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T-shirt: Small / Medium / Large / X-Large / XX-Large		

Additional walker 3

Title	Forename	Surname
Date of birth		Contact number
Home address		
Postcode		
Email		
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T-shirt: Small / Medium / Large / X-Large / XX-Large		