

# I want to paint the town pink!

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)

A free t-shirt will be given to you on the night, please indicate which size you would like: 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**

Please post your completed form and cheque to Midnight Walk Team, St Clare Hospice, Hastingwood Rd, Hastingwood, Essex, CM17 9JX

## Gift Aid can make your donation go further.

To be eligible for Gift Aid you must pay an amount of income tax or capital gains tax at least equal to the tax we claim back on your donations (25p for every £1 you give).

Tick here if you would like St Clare Hospice to claim tax on all donations you have made in the previous 6 years and all future donations.

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*

St Clare Hospice does not share its database with third parties. We would like to keep you informed about the work of the Hospice and future events. If you prefer NOT to receive this information, please tick

## Event Terms and Conditions

It is very important that everyone you are registering reads the terms and conditions below and agrees to abide by them. By signing this form, you are all accepting to follow the reasonable instructions of St Clare Hospice and follow the rules of the Midnight Walk which shall be communicated to you from time to time.

The organisers shall not be held responsible for accidents, injury, loss or damage to persons or property as a consequence of participation in the Midnight Walk on Saturday 19th June 2010. If you believe you have a medical condition which will affect your participation in the event, please seek medical advice before you register. You may wish to consider the option to take out personal insurance to cover you for this event. Children aged 14 and 15 can take part in the Walk but must be accompanied by a responsible adult who is also registered to take part in the Walk. The majority of the Walk is suitable for disabled entrants, contact us on (01279) 773 750 before registering if you have any concerns. Refunds will not be given if you are unable to attend on the night, your entry fee will be treated as a donation to the charity. Only Guide or Hearing dogs are permitted to take part. There is strictly to be no alcohol consumed prior or during the event. Photographers and Radio Interviewers will be present on the night capturing photographs and sound bites to be used in promotional publicity such as newsletters, newspapers, websites and radio. Please politely decline the interview or photograph being taken if you do not give your consent for it to be used for promotional purposes.

Signed

Dated

Where did you hear about the Midnight Walk?

Why are you taking part in the Midnight Walk?

If you are participating as part of a team, please enter your team name

If this is a company or club team, please provide their name

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

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
Add to mailing list Y / N

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
Add to mailing list Y / N

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Date of birth ___ / ___ / ___ Contact number _____
Home address _____
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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
Add to mailing list Y / N