



Entry Form

I would like to take part in the 5mile walk

I would like to take part in the 10mile walk

Title**First Name**.....**Surname**.....

Address.....

.....

.....**Postcode**.....

Phone Day.....**Evening** (with dialing code).....

Mobile..... **Email**.....

(This is the most effective way for us to communicate with you)

DOB.....

If you are under 16 years old please let us know the name of the adult who is accompanying you

Team Name/Company Name

Please advise us of any medical conditions and/or dietary requirements

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How did you hear about the event?.....

Entry Fee: I enclose the entry fee of £25/£10 for under 12's made payable to Cotswold Care Hospice (please tick)

T-shirt size (please circle):

Small Medium Large Extra Large

Conditions of Entry

- Places are limited and entries are processed in the order we receive them
- You cannot register on the day. Closing date for entries is Friday 17th February 2012
- One form must be completed for each person (photocopied forms are acceptable)
- Please send your cheque in with your entry form (or you can use our online entry facility on our website if you wish to pay with a credit card)
- Please put your name and address on the back of your cheque
- Please do not send cash in the post
- Your place is non-transferable and non-refundable
- Your registration fee secures your place on the walk; includes the administration of your T-shirt; pie; pint and a ticket to watch the scheduled Gloucester V Harlequins match. Cotswold Care Hospice is not liable for any match fixture changes outwith our control.
- Each entrant will be asked to raise further sponsorship to support the Hospice
- All walkers under 16 must be accompanied by an adult who takes full responsibility for them and who will sign a consent form prior to the event.

I understand this walk is not a race and that walking along a public highway is potentially hazardous. I am aware that the organisers, their employees and their volunteers cannot be held responsible for any personal injury or loss, damage or public liability. I confirm I am in reasonable health and fitness. If under 16, I will be accompanied by an adult who will sign a consent form prior to the event. Please sign below to confirm you agree with all of the above conditions.

Print name:.....

Signed:.....

Entry forms that have not been signed will be returned.

Please send your completed form (one per person) and your registration fee to: **Men's Walk 2012, Cotswold Care Hospice, Burleigh Lane, Minchinhampton Gloucestershire GL5 2PQ**

Tel: 01453 886868

Email: events@cotswoldcare.org.uk

Data Protection Act. Your details will be held on the Hospice's internal database and will not be sent to any third parties. We like to keep our supporters in touch with our news. Please tick the box if you do not wish to receive communication from us

Charity no: 298 627