

ENTRY FORM

Please return this form with your entry fee of £10.00



First Name:..... Title:

Surname:.....

Home Address:.....

.....Postcode:.....

Tel. No. :..... Mobile No:.....

Email:.....

Any medical condition that we should be aware of.....

Emergency contact name on event day.....

Emergency contact phone number.....

T-SHIRT SIZE: SMALL MEDIUM LARGE X LARGE

If you are walking in memory of someone special and would like their name to be included in the Dawn Walk memory roll please give their name below. The memory roll will be read out on the Steamer trip.....

CONDITIONS OF ENTRY

I am aware that the organisers and their employees and volunteers cannot be held responsible for any personal injury, accident, loss, damage or public liability. I can confirm I am in reasonable health and fitness. If under 16 I will be accompanied by a responsible adult.

SIGNED..... DATE.....

Signature of parent or guardian if a walker is under 16

Date of Birth(if under 16)

SIGNED..... DATE.....

Please make cheques payable to **Hospice at Home**.

Return this entry form and your fee by **Wednesday 9th June to the Fundraising Office, Federation House, Gilwilly Industrial estate, Penrith CA11 9BL.**