



Dawn Walk Registration Form

If you need more forms, please photocopy or contact: events@hospiceathome.co.uk 01768 210719

Title: _____ Surname: _____
Forename(s): _____
Address: _____
Postcode: _____
Email address: _____ Telephone number: _____
Mobile phone number: _____
(Please provide the contact number of the device you will have with you on the event) _____

Do you have any medical conditions or dietary requirements?

Tell us about any medical conditions or dietary requirements that we should be aware of. Write 'none' if this is not relevant.

Emergency contact details

Please provide details of someone we can contact in the case of an emergency:

Emergency contact name _____ Emergency contact number _____

Adult T-shirt size

Please tick one of the boxes below to tell us the t-shirt size you need. T-shirts are a unisex fit.

Small Medium Large X-large XX-large
*Children T-Shirts not available

Participant pack

Participant packs including T-shirts will be available to collect from the locations below 2 weeks prior to the event. Please confirm which location you would like to collect your pack from:

Brampton Shop Penrith Shop Carlisle Shop Wigton Shop Keswick Shop
Dalston Office Collect on Event Day

What is your motivation for taking part in this event?

Your Story

Would you be happy to be contacted for PR reasons regards your motivation for taking part?

Yes, I'd love to share my story No, I'd prefer to keep this private

Dog entry

Dogs are allowed to take part on the understanding that you take full responsibility and can vouch that they are well socialised, fit and able to walk the distance, not in season and kept on a normal walking lead at all times.

I am bringing a dog(s) please indicate number of dogs

How did you hear about this event?

Please tick one or more of the options below

Banner <input type="checkbox"/>	Email <input type="checkbox"/>	Social Media <input type="checkbox"/>	Internet Search <input type="checkbox"/>	Newspaper <input type="checkbox"/>
Website <input type="checkbox"/>	Workplace <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Other please state <input type="text"/>	

Keeping in Touch

We would love to keep in touch with you about the work of Hospice at Home Carlisle and North Lakeland and how your money makes a difference to local patients, their families and carers, as well as updating you on future events, volunteering opportunities and other general news. You can withdraw your consent from marketing information any time by calling 01768 210719 or by emailing admin@hospiceathome.co.uk

- Yes please, I would like to hear updates and news from you by email
- To help the charity remain as cost effective as possible we would like to send you thank you correspondence via email. If you are happy to receive such emails please tick this box

Payment details (£20 registration fee)

- I enclose a cheque payable to **'Hospice at Home Carlisle and North Lakeland'**
- I have transferred my registration fee via BACs – **Account no 00685528 Sort code 30-16-28** with the following reference: *'Your name – Dawn Walk'*
- I would like to pay using my Credit or Debit Card and will telephone 01768 210719 to make my payment

Please note your place will be confirmed only once payment has been received. Thank you.

Agreement

Terms and Conditions. By accepting these Terms and securing your place by payment of the Registration Fee, you pledge to raise sponsorship of £75 (in addition to the Registration Fee) and understand that it is the aim of this event to raise as much above this amount as possible for Hospice at Home. Full Terms and Conditions available at <https://www.hospiceathome.co.uk/event/dawn-walk/> or on request.

I Agree

Print name _____ Signature _____ Date _____