



Celebrating memories with every step



Falmouth

moonlight memory walk

Saturday 21st September 2013



On this extra special girls' night out, let's celebrate the lives of loved ones and help raise funds for Children's Hospice South West!

Register online at

📄 www.chsw.org.uk/moonlight

📞 01726 871800

✉ moonlight@chsw.org.uk

or complete the form on the reverse

Find
us on:

@chsw



chsw1991



Entry form Falmouth 2013

All participants must register to take part. Your place is non-transferable. No registrations on the night.

Title	First name	Surname
Home address		Postcode
Mob number/other		Email
Date of birth	Do you have a special reason for taking part?	

If you wish to register more people you can photocopy this form, or visit www.chsw.org.uk/moonlight to download additional forms.

To reduce costs we will email your fundraising pack, if you prefer this posted tick here ☐ Please complete all sections

I can confirm that I am above 18 years of age on the day of the event. Parent/Guardian signature Date
If 16-17, my parent/guardian has signed to consent to my participation.

Do you have any medical conditions or mobility needs that we need to be aware of?

Dietary requirements for pasty? Vegetarian ☐ Team name (if applicable)

If you are taking part with colleagues from work, please let us know the name of your employer

Does your employer offer a matched funding scheme? How did you hear about the event?

Emergency contact number Emergency contact name

T shirt size S ☐ M ☐ L ☐ XL ☐ 2XL ☐ Registration fee £10 All walkers must be aged 16 or over and 16-17s must have signed parental consent.

Payment

I enclose a cheque for £ (Made payable to Children's Hospice South West) OR Please debit my credit/debit card to the amount of: £

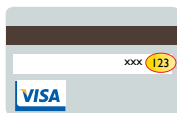
Card type Mastercard ☐ Visa credit ☐ Visa debit ☐ Maestro ☐ Issue no. (if applicable)

Start date Expiry date

Card no. Cardholder name

We are now required to ask for your CSC code, this is the last 3 digits on the back of your card

CSC code



3-digit security code

If you would prefer to give this number over the phone please leave a contact number we can call you on:

Tel.....

For your security, once your payment has been taken we will not retain this code

Cardholder address (only if different to the above) Postcode

We may wish to contact you in the future, if you do not want to receive any further information, please tick here []. All the data we hold is gathered and managed in strict accordance with the Data Protection Act (1998). We will not disclose any information supplied by you to any third party organisations.

Conditions of entry: I understand that I take part in this event at my own risk and that Children's Hospice South West will not be liable for any injury that may occur as a result of my participation. I agree that medical advice should be sought from a General Practitioner if I am in any doubt of my physical ability to participate in this event. I am aware that photographs taken during the walk may be used to publicise this event and the work of the charity generally. I agree to abide by the walkers brief that will be issued in my fundraising pack.

Please return this form to:

Little Harbour,
Porthpean Road,
Porthpean,
St Austell,
Cornwall PL26 6AZ

Registered Charity No. 1003314
Registered in England No. 2620879



FundRaising
Standards Board