

## Your Information

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Year of birth \_\_\_\_\_ Company if applicable \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Tel \_\_\_\_\_ Emergency contact \_\_\_\_\_

Emergency contact no \_\_\_\_\_

Number of walkers in your group \_\_\_\_\_ adults \_\_\_\_\_ children

I would like to register  I'm unable to attend but wish to make a donation

## I would like to support (please tick the charity of your choice)

Charities taking part (please make cheques payable according to the wording below)

- A Child of Mine  Katharine House Hospice  
 Carers Association Southern Staffordshire  Stafford and District Bereavement and Loss Support Service  
 Staffordshire Women's Aid

## Prices

£10 per adult (before 1st November)  
£12.50 per adult (from 2nd November)  
KIDS WALK FREE (must be accompanied by a paying adult)

I am unable to raise sponsorship but would like to make a donation of £ \_\_\_\_\_ in addition to my entry fee in lieu of sponsorship.

## Payment

I enclose a cheque for £ \_\_\_\_\_ payable to my chosen charity

I would like to pay by Mastercard/Visa

Card Number

Expiry date   /

**REGISTER ONLINE AT [WWW.WEWALKTOGETHER.CO.UK](http://WWW.WEWALKTOGETHER.CO.UK)**

Advanced postal entries close 28th November 2018.

## Keep in touch!

Your charity would like to keep in touch and tell you about ways that you might support it. We won't bombard you with information or appeals, we'll only send you things we hope you'll find of interest and we won't share your details with anyone else. This contact preference is only for the Charity you have chosen and you will not be contacted by the other Charities.

I'm happy to receive information:  by email  by post  by phone (tick as many as you like)

I don't want to hear from you again:  by email  by post  by phone (tick as many as you like)

By completing this form you are confirming that you (and other members of your group) are capable of finishing your/their chosen route before 2pm the same day. By completing this form you are confirming that everyone listed understands that your charity can accept no liability for any accident or injury that may occur as a result of taking part in the winter walk

Signed \_\_\_\_\_ Date \_\_\_\_\_

Find out more about our use of your data at [www.khhospice.org.uk/we-value-your-privacy](http://www.khhospice.org.uk/we-value-your-privacy)