



Saturday 13 April 2019

Entry Form

I would like to register the following people:	Number of adu	ılts	x £12 =	£				
	Number of chil	dren (u.16)	x £5 =	£				
My Name - Adult Team Leader Name			Date of Birth					
Ivallie			Date of Billi					
Other walkers in my group. Please indicate it	f adults (A) or ch	ildren (C)						
Name			Date of Birth		A/C			
My Home Address (All information packs will	I be sent to the	main contact at t	this address)					
, and the second								
		Postco	de					
Email		Telephone Numb	er					
SPONSORSHIP AND DONATIONS This is a sponsored event and we would like all walkers to raise as much sponsorship as they can. However, if you do not wish to raise appropriate and we would be most greatful if you would make a denotion to Denothy House instead. The								
not wish to raise sponsorship we would be most grateful if you would make a donation to Dorothy House instead. The amount is your choice but we suggest a minimum of £20 per adult in addition to the entry fee.								
SPONSORSHIP: Please tick ONE option								
I/we would like to raise sponsorship								
I/we do not wish to raise sponsorship but would like to make a personal donation of: £								
PAYMENT: Please tick ONE option								
(Tick) I enclose a cheque payable to Dorothy House:								
(Tick) Please debit my credit/debit card to the value of: £								
Name as appears on card								
Card No.								
Start Date / End	d Date /	ls	ssue No.					
Three-digit security No.								
We must have the card holder's home address in order to process the card payment								

Reason for taking part in the Dusk Memory Walk						
If you are walking in memory of someone, please le	t us know the foll	owing:				
Their name						
Were they a Dorothy House Hospice Care Pa	atient?	Yes	No			
I know a patient						
I am currently a patient						
Other (please specify)						
Do you want to share your story?						
Yes No						
COMMUNICATION PREFERENCES Dorothy House Hospice Care does not sell personal data to any third parties. We would like to stay in contact with you after the event via email but to do so we require your permission. If you would like to hear about Dorothy House Hospice Care's crucial work, campaigns and events, as well as ways you can get involved and provide support please give us your permission by ticking the box below: Email Yes No						
DECLARATION By signing this entry form you and your team agree to follow the reasonable directions of Dorothy House and abide by the conditions of entry for the Dusk Memory Walk. I understand that I enter the Dusk Memory Walk at my own risk and that Dorothy House will not accept liability for any injury or loss as a result of participation. I understand that I should not take part unless medically fit to walk 5km and complete the distance within two hours. My/Our statutory rights remain unaffected.						
Signed		Date				



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Terms and Conditions

All entrants must complete and sign a registration form or enter online before taking part. Forms must be returned by Thursday 11 April 2019.

Places are strictly limited and entrants are NOT permitted to register on the day of the event.

The entry fee covers our administrative costs and is non-refundable.

All children (u.16) taking part must be accompanied by an adult.

We have not set a minimum sponsorship amount, but please raise as much as you can! Our care to patients depends on your support.

Alternatively you can make a personal donation in lieu of sponsorship - the amount is your choice but we suggest a minimum of £20 per adult.

Sponsorship to be returned by Friday 14 June 2019.

Sponsorship forms and dedication labels will be sent with your confirmation letter.

Dogs are welcome but we regret that the route is NOT suitable for wheelchairs and pushchairs due to stiles and muddy footpaths.

Part of the walk will be through fields so it could be muddy. Sensible footwear must be worn.

There is a downhill section at the start of the walk, and an uphill section at the end, so adequate fitness is required.

Entrants are responsible for their own medical condition, ensuring that they are fit to complete the walk within the two-hour time limit.

Please consult your doctor if you are in any doubt about your medical suitability.

Please note that photography and filming for publicity purposes will take place throughout the event. By taking part in this event you authorise the future use of your picture for publicity purposes.

Dorothy House Hospice Care reserves the right to cancel this event at any time due to unforeseen circumstances.

All participants walk at their own risk. In no event shall Dorothy House Hospice Care be liable for any injuries, loss or damages whatsoever, including indirect, punitive, special, incidental or consequential losses connected with any aspect of this walk.

By signing the entry form or entering online you agree to follow the reasonable directions of Dorothy House Hospice Care, the event marshals, and abide by the Terms and Conditions of entry for the Dusk Memory Walk.