



REGISTRATION FORM

Thank you for registering to participate in a Wing Walk for Dorothy House. We are delighted you would like to join Team Dotty! Please complete the form below to register your details with us so we can send you the resources to enable you to get fundraising.

Date of Wing Walk

Title (Tick) Mr Mrs Miss Ms Other

First Name Surname

Home Address

Postcode

Mobile Number

Home Telephone Number

Email Address

Date of Birth

Please indicate which size T-shirt you would like (Tick) Small Medium Large XL

Please state how many sponsorship forms you would like

REGISTRATION FEE PAYMENT

There is a registration fee of £150 which is payable at the time of booking. You are then asked to raise a minimum of £700 for Dorothy House. At least 50% of the total £850 will be donated to Dorothy House with the remaining money covering the cost of the experience.

PAYMENT: Please tick ONE option

(Tick) I enclose a cheque for £150 payable to Dorothy House

(Tick) Please debit my credit/debit card to the value of £150

Name as appears on card

Card No.

Start Date / End Date /

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 Wing Walk

If you are taking part in memory of someone, please let us know the following:

Their name

Were they a Dorothy House Hospice Care Patient? Yes No

I know a patient

I am currently a patient

Other (please specify)

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 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 boxes 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 Wing Walk.

I understand that I take part in the Wing 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 participate. My statutory rights remain unaffected.

Signed

Date