



## **REGISTRATION FORM**

Thank you for registering to participate in a Wingwalk 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 Wingwalk											
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. All payments must be in at at least 2 weeks before the 7th of July 2021.											
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.											
End Date / Three-digit security No.											

Reas	Reason for taking part in the Wingwalk												
	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)												
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 Wingwalk.													
I understand that I take part in the Wingwalk 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.													
Signe	ed							Date					
PROTECTING YOUR PERSONAL DATA													
Your support is vital to Dorothy House and we'd love to share our news, campaigns and events with you, as well as ways you could get involved and provide support. If you <b>do not</b> wish to receive this information by POST please tick this box.													
prefe	Please let us know if you are happy to receive this information by EMAIL. You can update communications preferences at dorothyhouse.org.uk/staying-in-touch-with-you/ or by phoning 01225 721 480. You can view our privacy statements at: dorothyhouse.org.uk/privacy/												
Email	I	Yes		No									