London Marathon 2021 Independent Place Registration Form



PLEASE ONLY FILL IN THIS FORM IF YOU HAVE ALREADY PAID FOR YOUR OWN INDEPENDENT PLACE THROUGH THE LONDON MARATHON

We are delighted you would like to join our team! Please fill in the form below to register your details with Dorothy House so we can send you the resources to enable you to get fundraising.

Title (Y in box)	Mr Mrs Miss Ms Other
Forename	Surname
Home Address	
Post Code	
Mobile Number	
Home Number	
E-mail Address	
DOB	

Please indicate which size vest **or** T-shirt you would like (Y in box):

Туре	Small	Medium	Large	Extra Large
Vest				
Tech T-shirt				
	•		•	

Please state how many sponsor forms you would like

Why have you chosen to take part?

Reason	Y/N	Name	Patient's Relationship to You	Details	Is there a tulip fund in their memory?	
In memory of a Dorothy House patient?						
Because you know a current patient?						
Because you are a current patient?						
Other reason (please write)						
Are you happy to share your story? Y/N						

Is your entry through the Corporate Challenge?

If yes, what is your team name?

Keeping in Touch

Please could you also let us know if you are happy to receive emails from us in the future about Dorothy House Hospice Care's (DHHC) crucial work, campaigns and events, as well as ways you could get involved and provide support. (Rest assured we do not sell personal data to any third parties and you can change your email choice at any time via our webpage https://www.dorothyhouse.org.uk/staying-in-touch-with-you/):

Y/N

Happy to re	ceive EMAILS from DHHC? Y/N	
Signed) (if sending by e-mail, this can be typed)
Date		
	Please return this form back to Emily Aspin, Commu	inity and Events Fundraiser, by:

E-mail: <u>emily.aspin@dorothyhouse-hospice.org.uk</u> Post: Emily Aspin, Fundraising, Dorothy House Hospice Care, Winsley, Bradford on Avon, Wiltshire, BA15 2LE