## TCS London Marathon 2024 **Independent Place** Registration Form



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

	ited you would of fundraising re			n this form to regist	er with Do	orothy House so v	ve can se	nd	
Title (X in bo	ox) Mr		Mrs	Miss	Ms	Other			
First name			Sur	name					
Home addre	ess								
Postcode									
Mobile numb	per								
Home numb	er								
E-mail addre	ess								
DOB									
	ate which size		-shirt you would	like (X in box):  Medium	1.6	argo.	Evtro	orgo	
Type   Vest		Small		I Medium	La	arge	Extra Large		
Tech T-shi	rt								
	how many spo		ms you would like	е					
Reason		Y/N	Name	Patient's relationship to you		Tul ir		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 hap	py to share you	ır story?	Y/N						
Is your entry	through the Co	orporate	Challenge? Y/	N If yes, what	is your te	eam name?			
	s know if you a			s from us in the futo et involved and pro			hy House	e, our	
				ird parties and you 'preferences' to ma			ces at any	y time.	
Signed		(if sending by e-mail, this can be typed)							
Date		<u> </u>							

Please return this form to Fundraising Team
E-mail: events@dorothyhouse-hospice.org.uk
Post: Fundraising Team, Dorothy House Hospice Care, Winsley, Bradford on Avon, Wiltshire, BA15 2LE