

REGISTRATION FORM

Michael Sobell House Annual Sponsored Walk Sunday 21st September 2008

Registration from 8.00 am – Official Start 9.00 am

Please complete this form & return to the Fundraising Department by **Sept 17th**.
If you cannot deliver your completed form by Sept 17, please bring it along to the **Registration on the Day Desk**

One form per walker Name:	Number: [For Office Use]
Address:	
Post Code:	
Telephone:	
Mobile: (for use on the day in the event of an emergency ONLY)	
Email address:	

Please tick as appropriate:

- I have a sponsorship form and expect to collect an approximate sponsorship of £.....
- I require a sponsorship form.

The walk finishes at 3pm. This allows plenty of time to complete any of the distances.
All support, including St John's Ambulance, finishes at this time. Refreshments continue to 3.30pm.

PROPOSED DISTANCE: 3 miles 7 miles 12 miles

Please tick your choice

How did you hear about this event?

DECLARATION

I understand that Michael Sobell House cannot be held responsible in any way for loss or injury to myself during this event, howsoever arising.

Signed

Sponsorship: Please return with your collected sponsorship monies (please make cheque payable to: MSH)
by end of January 2009. Thank you very much.

*Fundraising, Michael Sobell House, Mount Vernon Hospital, Northwood,
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Fax 01923 844938 www.michaelsobellhouse.co.uk Registered Charity No 1079638