

Walk of Life 2012 Registration Form



Mr	Mrs	Miss	Ms	Age:
First Name:			Surname:	
Team Name:		Email:		
Address:				
Postcode:			Tel:	
Emergency contact name on event day:				
Emergency contact phone number:				

Any walker under 16 must include their age and signature of their guardian who should also be registered and will be walking with them on the day. Age on the day if under 16

Guardian Name Signature

DOB and age on event day

I enclose a cheque made payable to Rainbows for £5.00 or please debit my credit card or call fundraising 0800 952 1133

Card number	
Valid from	Expiry date
Security code	Issue number

Which walk will you be taking part in? 5 mile walk 15 mile walk

Once registered, the entry fee is non-refundable.

Where did you first hear about the Walk of Life?

Please let us know why you have chosen to take part in the walk.

Important Health Information

Do you have any medical conditions we should be aware of?

Do you have any special requirements i.e. Access Yes No

By signing this I am aware that Rainbows Hospice for Children and Young People and their employees and volunteers cannot be held responsible for any personal injury, accident, loss, damage or public liability.

Signature Date

Return form to: FREEPOST NAT 13561, Loughborough, LE11 2BR