



# Challenge the Wild 2024

**Thursday 16 – Friday 17 May 2024**

Company Name:

How many people from your company are taking part?

*If your team is larger than 10 people, please get in touch with us first.*

Main Contact Name:

Main Contact Email Address:

Main Contact Telephone Number:

How would you like to pay your deposit of £75 per person?

Cheque  BACS payment  Credit Card

Cheques can be addressed to **Rainbows Hospice** and posted to us at:  
**Lark Rise, Loughborough, Leicestershire, LE11 2HS**

BACS payment can be made to the details below, please use **Challenge the Wild** as your reference and let us know when payment has been made:

**Account Name:** COPE Childrens Trust - Rainbows

**Account Number:** 11217715

**Sort Code:** 56-00-55

We will call you to collect payment by Credit Card.

**By ticking this box, you acknowledge that there is a minimum sponsorship target of £500 per person for this challenge (excluding gift aid)**

## Please provide the details of those taking part:

Participant 1 - Name:

Email Address:

Participant 2 - Name:

Email Address:

Participant 3 - Name:

Email Address:

Participant 4 - Name:

Email Address:

Participant 5 - Name:

Email Address:

Participant 6 - Name:

Email Address:

Participant 7 - Name:

Email Address:

Participant 8 - Name:

Email Address:

Participant 9 - Name:

Email Address:

Participant 10 - Name:

Email Address:

