

# Registration Form

## Personal Details:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: DD/MM/YYYY  
Email: \_\_\_\_\_ Would you like: a hard copy sponsorship form  or will you be using Just Giving

(please tick preferred option)

## Please select one of the following routes

10 mile route  at £15.00

6 mile route  at £15.00

I would also like to make a donation of: £ \_\_\_\_\_

Total (£): \_\_\_\_\_

## Gift Aid

If you are a taxpayer, Gift Aid rules allow The Heart of Kent Hospice to reclaim tax on all donations at no extra cost to you (currently 28p in the pound). I am a UK tax payer and would like The Heart of Kent Hospice to claim the tax on any donation I make from the date of this declaration until further notice, and any retrospectively for the last three years. I confirm the tax I pay will be greater than the tax The Heart of Kent Hospice will reclaim on these donations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Order your t-shirt:

T-Shirt size (please tick):  Small  Medium  Large  xlarge  xx large

## How did you hear about the Moonlit Walk?

Press  Through a friend/colleague  Took part last year  Posters  Website

Through work (company): \_\_\_\_\_ Other  please specify \_\_\_\_\_

## Medical declaration

I confirm that I am medically fit to undertake this walk (please tick box)

## I confirm that I undertake this walk at my own risk and if I am under 16 I shall be accompanied by a responsible adult.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data protection: We would like to keep you informed about the work of The Heart of Kent Hospice. If you do not wish to receive any further information please tick this box.

## Please return the completed form to:

Moonlit Walk 2010, The Heart of Kent Hospice, Preston Hall, Aylesford, Kent ME20 7PU  
Telephone: 01622 790195 Email: enquiries@moonlitwalk.org Web: www.moonlitwalk.org

## Payment details:

I enclose a cheque to the value of £ \_\_\_\_\_ . Please make cheques payable to The Heart of Kent Hospice.

Please debit my credit/debit card to the value £ \_\_\_\_\_ . All cards accepted except American Express

Card No:

Start Date:     End Date:

Issue No. (Switch only):    3 Digit Security Code:

(the last three digits on the signature strip of your card)

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

ID N°:

DATE:

BOOK: