



Entry is just £15 per walker. Every walker will be asked to raise sponsorship for Rowcroft Hospice; every single penny counts. Please enclose a cheque for £15 (made payable to Rowcroft Hospice), or pay by card on the reverse of this form. Post to **The Sleep Walk, Rowcroft Hospice, Avenue Rd, Torquay, Devon. TQ2 5LS.**

Places will be offered on a first come first served basis and are non refundable or transferable.

Once you have signed up, please allow a couple of weeks to receive confirmation.

Entry Form (One entry form per person. Please read and sign the terms and conditions on the back of this form).

Title: _____ **First Name:** _____ **Surname:** _____

House no. _____ **Address line 1:** _____

Address line 2: _____

Town: _____ **Postcode:** _____

Daytime tel no: _____ **Mobile no:** _____

Email address: _____

Team name
(must be written and spelt exactly the same on all team members forms)

Emergency contact name:
(It is very important that this is somebody that we can reach on the night of the walk in case of emergency, this should not be a fellow Sleep Walker)

Emergency contact phone number: _____

I fancy... Finishing at five miles Tottering ten miles Flourishing at fifteen miles
(Don't worry you can change your mind on the night!)

If the walk is full your entry fee will be refunded, unless you offer your entry fee to be treated as a donation. Would you like your fee to be treated as a donation? Yes please No thank you

Aged 12–16 on the date of the event? Yes No If yes, please refer to terms and conditions over.

Please tick box if you are a wheelchair user

How did you hear about The Sleep Walk? _____

Newspaper Facebook/ Twitter Palm FM Hospice Matters Mailing Word of Mouth

Cinema Bus Stop Other _____

Did you enter last year's Sleep Walk? Yes No

Are you a member of staff or a volunteer at Rowcroft Hospice? Staff Volunteer Neither

I'd like to pay by credit / debit card. You can pay for multiple team members on one card if you wish. Please note this on the corresponding entry forms. Please debit my:

Please tick as appropriate Issue No.

Card Number

Start Date Expiry Date.....

Name on card Postcode card is registered to.....

Last 3 digits on signature strip (security code) Amount £

Signature Date

(If you would prefer to provide your card details over the phone, please call 01803 217641 between Monday to Friday, 9am – 5pm.)

Terms and conditions of The Sleep Walk

1. I understand that I will be expected to raise sponsorship for Rowcroft Hospice and I am not permitted to use any of the money I raise to pay for any expenses.
2. All sponsorship money must be sent directly to Rowcroft Hospice within three months of the event.
3. I understand that my registration fee is not refundable and that my place is non transferable.
4. I understand that I should be of reasonable health and fitness to undertake this walk.
5. I understand that if I am aged between 12 and 16 years I must have full parental consent to take part and I must be accompanied at all times by an adult who is a registered participant of The Sleep Walk. This adult must not have more than three under 16's in their care.
6. I understand that I must not be under the influence of intoxicating liquids or illegal recreational drugs whilst taking part in the event.
7. I am aware that the route involves residential areas and my behaviour must be considerate of the local residents and I will follow the safety advice given on the night.
8. I authorise the use of any images/ film taken during the event to be used by Rowcroft Hospice to help publicise future activities.

I confirm I have read and accept the terms and conditions stated. I acknowledge that Rowcroft Hospice does not accept responsibility for any injury, loss or damage to me or my property incurred during participation in The Sleep Walk unless Rowcroft Hospice, their employees or agents cause the injury or damage by their negligence.

Signed

Parent/Guardian signature (if aged 12–16) **Print name**.....

Under the terms of the Data Protection Act 1998, Rowcroft Hospice would like to retain your name and address for administrative purposes, and so that we can keep you informed of our work. However, should you wish to be removed from our mailing list please tick the box. We assure you that your information is not passed on to a third party.