

walk for life

Registration form

I would like to register for the (write name of walk here) walk for life

I enclose the entry donation of £ _____ (£5 per adult £2.50 per child)

Please make cheques payable to North Devon Hospice.

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Contact number _____ Email _____

Names of adults and/or children walking with you who live at the above address.
Please note: All children under 16 must be accompanied by a responsible adult.
If other adults in your party have different addresses, please complete a new form.

NAME

AGE (if under 16)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional forms are available from us for other walkers.

Please complete your details above, cut along the dotted line and return this form with your donation to The Fundraising Office, North Devon Hospice, Deer Park, Newport, Barnstaple, North Devon EX32 0HU. Thank you.

Please tick the box if you do not wish to receive further communications from us

Hospice pin badge for every registered walker

Registered Charity Number: 286554