



**THE HAYLE WALK FOR ST JULIA'S HOSPICE APPEAL**  
**Supported by the Mayor and Hayle Town Council**  
**Organised by Cornwall Hospice Care**  
**Hayle Swimming Pool Car Park, King George V Memorial Walk**  
**Sunday September 11th 2011**  
**Registration Form**

**Register now to receive your walkers' pack**

**Please submit one registration form per person, even if you wish to register as members of a team or group.**

Title : Miss/Mrs/Ms/Other: ..... First name: ..... Surname: .....

Address: .....

..... Postcode: .....

Telephone No: ..... Mobile no: ..... Age: .....

Email: .....

Data protection: We promise not to disclose your details to anyone else. From time to time, Cornwall Hospice Care would like to send you information about the work of the Hospice and fundraising activities - email will be the most cost effective way for the charity to communicate with you - If you would prefer not to receive correspondence from us, please tick this box .

Team Name: ..... Company name (if walking with colleagues):.....

Does your employer offer a matched funding scheme?..... Name of employer: .....

Reason for walking:.....

Emergency contact details. This should not be someone participating in the Hayle St Julia's Walk.

Emergency contact name and number :.....

Please circle your preferred walk:            2 mile (Registration 2.30pm)            5 mile (Registration 1.30pm)

Please tick if you are planning to walk alone: .....

Signature of Parent of Guardian if under 16 years of age .....  
 (Parents/guardians are responsible for under 16's participating in the walk.)

Suitable clothing and footwear must be worn. Refreshments will be available at the Recreation Ground.  
 If you raise £50 or over, you will be entitled to a FREE T-Shirt; please bring your sponsor form to registration to qualify for one, or purchase a T-Shirt for £5.00.

Please indicate your T shirt size:    Medium (36-38),    Large (40-42),    XL (44-46)

*I acknowledge that Cornwall Hospice Care and Hayle Town Council take no responsibility for any injury, loss, damage or accident to me or my property incurred during participation in the event. I confirm I am in good health and I agree to take responsibility for my own safety.*

Signed: .....

Date: .....

Please return this form to : Cornwall Hospice Care, St Julia's Fundraising Office,  
 Foundry Hill, Hayle, Cornwall TR27 4HW. Tel : 01736 755770 Fax. 01736 755702  
 Or Hayle Town Council, 58 Queensway, Hayle, Cornwall, TR27 4NX Tel : 01736 755005

