 

**The Mayor’s Walk for**

**Children’s Hospice South West**

**Hayle Swimming Pool Car Park, King George V Memorial Walk**

**Sunday 15 September 2019**

**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: Mr/Mrs/Miss/Ms/other: ............ First name: ..................................Surname: ........................................

Address....... ..................... ..................... ......... ........................ ............... Postcode: ............................

Telephone No: ........................................... Mobile no: ............................................ D.O.B ........................

Email: ...............................................

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 Mayor’s Sponsored Walk.

 Emergency contact name and number: ...............................................................................................................

Please circle your preferred walk: 2 mile (Registration from 2.30 pm, starts at 3.00pm)

5 mile (Registration from 2.00pm, starts at 2.30pm)

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.

I confirm I am in good health and I agree to take responsibility for my own safety.

**Signed:** ............................................................................... **Date:** ...................................... ...

***Please return this form to****:* Hayle Town Council, 58 Queensway, Hayle, Cornwall, TR27 4NX

email: info@hayletowncouncil.net

tel: 01736 755005