



## NIGHT HIKE 2008 ENROLMENT FORM

Please complete in **BLOCK CAPITALS** and  
return to Sylvia Buckley at:

2 Kirkstead Abbey Mews, Thorpe Hesley, Rotherham, S61 2UZ

Mr/Ms/Miss/Mrs First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email (if you have one): \_\_\_\_\_

Age \_\_\_\_\_ (if under 18)

If you are under 18 you must have your parent's or guardian's consent to take part in the Night Hike. In addition if you are under 14 you must be in the care of an adult who is taking part in the Night Hike.

I consent to the above named person taking part in the 2008 Night Hike.

Signed by parent or guardian: \_\_\_\_\_

Also the above named person will be in the care of the following adult:

\_\_\_\_\_

If you are walking as the member of a school, club, church or other group, please give the name: \_\_\_\_\_

Indicate where you would like your sponsorship to go:

Christian Aid       CAFOD

Now send this Registration Form to Sylvia Buckley (at the above address) and you will receive further instructions and your Sponsor Sheet.

**ANY QUESTIONS ?**  
**0114 2465064**