



NIGHT HIKE 2010 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. _____

e-mail address _____ 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 2010 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

If you would like more registration forms please state how many: _____

Are you a previous walker? Yes/No

If not, how did you find out about the walk?

Christian Aid/Cafod publicity Local church Web-site

Other (please specify) _____

Now send this Registration Form to Sylvia Buckley at the above address, or e-mail
to richard@buckjley.wanadoo.co.uk.

(Note, there is no typo it is 'buckjley')

ANY QUESTIONS ? Phone 0114 2465064