



SHEFFIELD NIGHT HIKE 2012 REGISTRATION FORM

Please complete in **BLOCK CAPITALS**

[Mr/Ms/Miss/Mrs] Name _____

Address _____

Address/Post Code _____

e-mail address _____

Tel. No. _____ Age (if under 18) _____

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

If under 18, I consent to the above named person taking part in the Sheffield Night Hike. Signed parent/guardian: _____

If under 14, the above named person will be in the care of the following adult(s):

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

Please indicate where you would like your sponsorship to go:

Christian Aid CAFOD

Are you a previous walker? Yes No

If "No", how did you find out about the walk?

Christian Aid/Cafod publicity Local church Web-site

Other (please specify) _____

Please return your completed form to:

register@SheffieldNightHike.org.uk

or, by post to: Sheffield Night Hike, 38 Park Head Road,
Sheffield, S11 9RB

Any Questions --- email or write to the above addresses