

# SHEFFIELD NIGHT HIKE

## Raising money for Christian Aid

### REGISTRATION FORM

[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 18, emergency contact name and telephone number of someone not on the Hike: Name \_\_\_\_\_ Tel. No: \_\_\_\_\_

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

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

\_\_\_\_\_

Are you a previous walker?  Yes  No

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

Christian Aid 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 Registration,  
252 Dobcroft Road, Sheffield, S11 9LJ

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



[www.SheffieldNightHike.org.uk](http://www.SheffieldNightHike.org.uk)  
[info@SheffieldNightHike.org.uk](mailto:info@SheffieldNightHike.org.uk)

