

SIGN UP NOW FOR THE HYDE PARK WALK 2013!



SUNDAY 9th JUNE 2013 AT 10.30AM

Please use one form per person and enter your details in BLOCK CAPITALS

- YES** I would like to join the Hyde Park Walk 2013 (Please complete all sections)
- NO** I can't make it but wish to donate (Please complete Sections A and B)

SECTION A: YOUR DETAILS

TitleFull Name

Home address (*please do not use work address*)

.....Post Code.....

Email.....Tel No.....

SECTION B: YOUR PAYMENT INFORMATION

Entry Fee: £15 per adult, free for under 16s

- I enclose a cheque/CAF voucher for £.....made payable to Cancerkin. I am under 16
- Please charge my Visa/Mastercard/Switch/Delta £.....

Card Number.....

Start Date.....Expiry Date.....Issue Number (*Maestro*).....

Name on card.....

Security Number: (*last 3 digits on reverse of card*).....

Signature.....Date.....



- I would like this donation, any donation I have made in the past 4 years and any subsequent donations I make in the future to be treated as Gift Aid donations.

* Gift Aid is only valid for a named individual so if you normally give as a couple, please specify which of you is making the donation for Inland Revenue purposes ** To qualify for Gift Aid, what you pay in income tax or capital gains must at least equal the amount we will claim in a tax year. *** You are entitled to notify Cancerkin of cancellation of this Declaration at any time **** Please inform us if you cease to pay UK tax

SECTION C: YOUR WALK

I would like a **FREE** T-Shirt (please circle size): S M L XL No thanks

I am walking in honour of.....

I am walking in memory of.....

I confirm that I am physically able to undertake the **Cancerkin Hyde Park Walk**. I understand that Cancerkin (or any successor entity) shall not be liable to myself or my heirs/dependants for any damage or loss I may suffer however caused, including property loss, death or injury, arising out of or in connection with participation in the **Cancerkin Hyde Park Walk**, excluding a death or personal injury caused by **Cancerkin's** negligent acts or omissions.

Signature.....Date.....

If under 18, a signature of a parent or guardian is required

Please return this entry form to: The Cancerkin Centre, Royal Free Hospital, Pond Street, London, NW3 2QG

CANCERKIN CHALLENGES BREAST CANCER