

# SIGN UP NOW FOR THE HAMPSTEAD HEATH WALK 2016!

**Sunday 12 June 2016**



Enter your details in **BLOCK CAPITALS**

**YES** I would like to join the Hampstead Heath Walk 2016 (Please complete Sections A, B and C)

Number of Adults ..... Number of Under 16s .....

**NO** I can't make it but wish to donate (Please complete Sections A and B)

## SECTION A: YOUR DETAILS

Title ..... Full Name .....

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

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

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

Names of additional adults .....

Name of additional Under 16s .....

## 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.

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 want to Gift Aid any donations I have made today, in the past 4 years or that I will make in the future. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is **my responsibility to pay any difference**.

\* 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

\*\*Cancerkin will reclaim 25p of tax on every £1 that you have given \*\*\*\* Please notify us if you want to cancel this declaration, Change your name or home address or No longer pay sufficient tax on your income and/or capital gains

## SECTION C: YOUR WALK

I would like to enter the **5k** walk

I would like to enter the **10k** walk

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

I confirm that I am physically able to undertake the **Cancerkin Hampstead Heath 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 Hampstead Heath 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**

Maggie's at the Cancerkin Centre, Royal Free Hospital, Pond Street, London, NW3 2QG Charity number: 1085517 Tel: 02078302323