

**Lost Entry Form
15th November 2008**

Team Name _____

Team Leader _____

Team Leader Address _____

_____ Post Code _____

Email Address _____

Home Tel No _____

Mobile No _____

Emergency Contact Number _____

Team Member 2 Name _____

Email Address _____

Mobile No _____

Emergency Contact Number _____

Team Member 3 Name _____

Email Address _____

Mobile No _____

Emergency Name and Contact Number _____

Disclaimer

Team Leader Signature _____

Team Member 1 Signature _____

Team Member 2 Signature _____

I/We, the above signed, are taking part in this event at my/our own risk and the promoters or any person involved in the organisation of the event will not be responsible for any illness or injury caused by my participation.

I/We will only participate in the event on 15th November if I am fit enough to do so.

I /We agree to raise a minimum of £20 sponsorship per adult to enable Butterwick House Children’s Hospice to provide care to children with life limiting illnesses.

Entry fee £10/team. Teams can be of 2 or 3.

Payment Method Cheque Credit/Debit Card Cash

Please make cheques payable to “**Butterwick Hospice Care**”

To pay by credit or debit card please call the Fundraising office on 01642 628 930. Also call this number for help completing this form

Please return signed forms to

Butterwick Hospice Care
Fundraising Dept
2nd Floor, Richard House
Sorbonne Close, Teesdale
Thornaby,
TS17 6DA

Charity No 1044816