



Team member 8

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 9

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 10

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team Leader

(All correspondence will be addressed to the team leader)

Surname _____ First Name _____

Team Name _____

Address _____

_____ Postcode _____

Tel _____ Mobile _____

D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

PLEASE LIST ALL NAMES AND ADDRESSES OF TEAM MEMBERS ON THE FORM. EACH MEMBER **MUST** SIGN THE MEDICAL DECLARATION THEMSELVES

Photography: I give permission for any photographs to be taken of me and my team to be used by St Michael's Hospice for publicity purposes.

Signed _____ Date _____

I enclose a non-refundable registration fee of £15 per person (cheques made payable to St Michael's Hospice)

Please send completed forms including payment to 'It's A Knockout', St Michael's Hospice, Bartestree, Hereford, HR1 4HA
Tel: 01432 851000
Email: kfarmer@st-michaels-hospice.org.uk

For Office Use Only

URN:

Batch No:

Reg. Charity No. 511179

Team member 2

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 5

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 3

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 6

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 4

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____

Team member 7

Surname _____ First Name _____

Address _____

_____ Postcode _____

Tel _____ D.O.B _____

I confirm I am over 16 and have no medical conditions that prevent me from taking part and that I will raise a minimum of £35 in sponsorship.

Signed _____ Date _____