

FAMILY LANTERN WALK

PLEASE COMPLETE THE BOOKING FORM BELOW:

Mr/Mrs/Ms/Miss First name:

Surname:

Address:

.....

Postcode:

Home telephone number:

Mobile:

Email:

Contact number:

Individual Tickets 4 £8pp • Family ticket (2 adults, 2 children) - £25

Individual Ticket(s)

Family Ticket(s)*

Payment method: Cash £..... Cheque £.....

If you would like to pay by credit or debit card, please contact the fundraising team on 01226 244244. Please return your completed form together with your remittance to: Fundraising, Lantern Walk, Barnsley Hospice, Church Street, Gawber, Barnsley S75 2RL

Any queries? Tel: 01226 244244 or email: fundraising@barnsley-hospice.org

Please make cheques payable to Barnsley Hospice

Conditions of Entry: I understand that I am taking part in the Barnsley Hospice Lantern Walk of my own choosing and no liability will be placed on the organisers for any injury sustained or any property damaged or lost while participating in this event. I confirm that I have no medical disabilities which could endanger myself or others taking part. I understand that Barnsley Hospice may take photographs or film of me taking part in this event and permit them to use the images for promotional purposes. If signing for someone under 16 years of age, I give permission to use their images. I confirm that I accept the rules and regulations of the event.

Signature: Date: / /

Keeping you informed

We may notify you (as the main event contact) about future, similar events. You may object to this at any time, using the contact details provided above. Or you can tell us now by ticking this box:

"I object to you contacting me for this purpose"

Also, we'd love to keep you informed about our future fundraising campaigns. If you consent to this, please tick which method you would like us to use and sign the declaration. You can withdraw this consent at any time. If you don't tick any we will automatically opt you out of receiving our campaign information.

post email telephone

Full details of your rights regarding how we manage your personal data are available at:
www.barnsleyhospice.org/about-us/statement-of-purpose/privacy-statement/

Signed Date

www.barnsleyhospice.org

Office use: Date _____ Amount _____ Seq No _____ Journal No _____ Registered charity number 700586

