NORFOLK FAMILY WALK REGISTRATION FORM

Title……..First Name……Surname……

House Name/No……. Postcode……

Please email me occasional newsletters **Yes/No**
I am already on Astro Fund mailing list **Yes/No**
I give permission for any photographs taken today to appear on Astro website or Facebook **Yes/No** **(if no, please do not allow us to take pic at finish of walk)**

Email

I/we are walking 1 / 3 / 6 / 10 miles in a party of……..adults…….children…….dogs

Total amount paid today (including registration fees and donations) £…….. I wish this amount to be Gift Aided Yes/No

Signed……

If you are a tax payer, your payment can be Gift Aided which means that Astro Brain Tumour Fund can claim another 25% from the Inland Revenue. To do this, you must pay an equivalent amount of income tax in the current tax year.

We heard about the walk from (please circle): Friend or Relative/ Walked before / Website / Facebook / Poster at ……. / Newspaper / email / Other……

My inspiration for taking part in the walk is:
……..

PLEASE REGISTER THE NUMBER OF MILES YOU HAVE WALKED IN THE TOTALISER TENT AS YOU FINISH THE WALK

Thank you so much for supporting this event!