NORFOLK FAMILY WALK REGISTRATION FORM
(ONE PER PARTY)

Title…….First Name……Surname……
Title…….First Name……Surname……
House Name/No…….
Postcode……
Email

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 ABTF website or Facebook ***Yes/No (if no, please do not allow us to take pic at finish of walk)***

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

I am being sponsored for the approx amount of £……

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.

My inspiration for taking part in the walk is:

……..

Thank you so much for supporting this event!

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