

London Bridges Walk 2010

Sunday 13th June 2010 11am start from Battersea Park, Boules area

Registration fee: £10 per person, 16 years and under: £4

To register please complete this registration form, All registration fees are non-refundable.



Online registrations available for individual and group/family bookings.

Please visit www.kidneyresearchuk.org/londonbridgeswalk

Whilst there is no fixed sponsorship for this event, we need to reach our fundraising target of £150,000.

By setting yourself a fundraising goal of £60 per person you could help us save lives.

PERSONAL INFORMATION (Please use BLOCK CAPITALS)			Ref: <input type="text"/>
Title	First name	Surname	(Office use only)
Address			
Town/City		Postcode	
Home tel		Work tel	
Mobile			
Email (Mandatory)			
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Please let us know what T-shirt size you require <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL No T-shirt required <input type="checkbox"/>			

HOW DID YOU HEAR ABOUT THIS EVENT? (Please tick box)				
<input type="checkbox"/> Word of mouth/family /friend	<input type="checkbox"/> Previous participant	<input type="checkbox"/> Newspaper/magazine	<input type="checkbox"/> Call from Kidney Research UK	<input type="checkbox"/> Realbuzz.com
<input type="checkbox"/> Kidney Research UK Shop/Staff (Name _____)	<input type="checkbox"/> Kidney Research UK website		<input type="checkbox"/> Radio	
<input type="checkbox"/> Poster/Flyer (Location _____)		<input type="checkbox"/> Other (_____)		

IN AN EMERGENCY WHO SHOULD WE CONTACT?
Name _____
Telephone number _____

WHY ARE YOU TAKING UP THIS CHALLENGE?

PAYMENT INFORMATION	
We accept payment of the registration fee by all major credit & debit cards. If paying by cheque, please make it payable to Kidney Research UK.	
Name on card _____	
Please debit my <input type="checkbox"/> Visa <input type="checkbox"/> Access <input type="checkbox"/> Mastercard <input type="checkbox"/> Switch <input type="checkbox"/> Maestro <input type="checkbox"/> Electron <input type="checkbox"/> Visa Debit with the sum of £ _____	
Card no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Valid from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Issue no. <input type="text"/> <input type="text"/> (Switch cards)	Security no. <input type="text"/> <input type="text"/> <input type="text"/> (the 3 digit number found on the reverse of the card)
Signed _____	Date _____

KIDNEY RESEARCH UK DISCLAIMER Please read and sign as indicated	
<p>I agree to take part in this event entirely at my own risk. I agree that Kidney Research UK, its sponsors, the event organisers, contractors and agents shall not be liable in any way for any injury, loss, damage or death that might occur as a result of my participation in the event. I am not aware of any medical condition or other reason why I should not participate in the event.</p> <p>KIDNEY RESEARCH UK STRONGLY RECOMMENDS ALL PARTICIPANTS TAKE OUT PERSONAL ACCIDENT AND MEDICAL INSURANCE FOR THIS EVENT.</p> <p>In order to participate in the event, I will endeavour to raise as much sponsorship as I can to fund research to save lives. Kidney Research UK reserve the right to cancel the event or alter the date or time of the event for any reason. If the event is cancelled a full refund will be given (excluding registration fee). By signing this form I confirm that I have read and understood the terms and conditions set out above and consent to Kidney Research UK holding my personal details on a confidential basis for the express purpose of</p>	<p>participating in the event. By taking part, all participants confirm they are happy for any stories or photographs taken during this event to be used by Kidney Research UK to publicise events and Kidney Research UK generally.</p> <p>We would like to send you details by post or email, of other events that you might be interested in. Tick this box before returning the form to us, if you would prefer us not to keep your details for this purpose. <input type="checkbox"/> Your details will not be passed on to a third party.</p> <p>I understand that the place granted to me has cost the charity money, and I will endeavour to raise the pledged amount as outlined above. Please find enclosed my registration fee made payable to Kidney Research UK. I understand that this fee is non-refundable in the event of my withdrawal prior to the event.</p>
Signed _____	Date _____

PLEASE NOTE: Entries will not be processed unless the disclaimer is signed. If participants are under the age of 18, disclaimers must be signed by a parent or guardian.