

Southampton Marathon 22 April 2018 - Registration Form

Please complete this form and return it to the address below as soon as possible – places are extremely limited so it's important that you book early to avoid disappointment! Please also provide your £30 registration fee cheque (payable to 'Southampton Hospital Charity') or credit card details (see below) or by credit/debit card.

First Name _____ Surname _____

Address _____

_____ Post Code _____

Email Address _____ Company _____

Tel No. (Day) _____ Tel No. (Other) _____

Male/Female _____ Date of Birth _____

How did you find out about this event? _____

1. Have you taken part in this event before? Yes/No (delete as appropriate)

2. Have you previously fundraised for Southampton Hospital Charity? Yes/No (delete as appropriate)

If yes, please can you give further details:

3. To secure a charity place, you are required to **raise a minimum of £250.00** (excl. gift aid) sponsorship. Please specify how much you plan to raise if you are given a place:

£ _____

Please give further details on how you plan to raise the above amount:

4. Is there a particular ward or department that you would like to fundraise for?

5. What is your main reason for supporting Southampton Hospital Charity?

- I have been or am a patient at the hospital
- I have a close friend or relative who has been or is a patient at the hospital
- I am a member of staff
- I enjoy fundraising
- I enjoy cycling

Please give further details:

6. How did you hear about Southampton Hospital Charity?

7. Would you like a Charity T-Shirt or running vest for the day? If so please confirm preference and sizing below;

T-Shirt

- X-Small
 Small
 Medium
 Large
 X-Large

Running Vest

- X-Small
 Small
 Medium
 Large
 X-Large

- I enclose a cheque payable to 'Southampton Hospital Charity'
 Please charge my Visa / Mastercard / Delta / Switch with the £30 fee as follows:

Name (as it appears on the card):

Address card is registered to (if not the same as above)

Card Number

Valid From

Expiry Date

Issue No
(switch)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last 3 Digits of security code (on signature slip) _____

Please take a copy for your records and return to: charity@uhs.nhs.uk

Southampton Hospital Charity, Mail point 135, Southampton General Hospital, Southampton, SO16 6YD

We (Southampton Hospital Charity) would like to keep you informed of our news, activities, events and appeals. If you would like to receive these, please tick below to **OPT IN**.

- Receive via e-mail
 Receive via post
 Receive via telephone calls
 Receive via SMS
 I do not want to receive anything

Signature _____ Date _____