

Please return to:  
The Challenger Trust, Lido Centre,  
63 Mattock Lane, London, W13 9LA.



## EVENTS REGISTRATION FORM

The Team at The Challenger Trust are delighted that you plan to take part in one of our fantastic fundraising events and we are here to support you. This event registration form is very important as it gives us a clear idea of which event you would like to take part in and how we can help.

Title  Mr  Mrs  Miss  Ms Other \_\_\_\_\_

Forenames (in full) \_\_\_\_\_ Surname \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Age on date of event \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Event you would like to take part in: (please tick box)

BRITISH 10K LONDON RUN

ROYAL PARKS HALF MARATHON

PARIS HALF MARATHON

MADRID MARATHON

PRAGUE MARATHON

NEW YORK MARATHON

EURO CITIES BIKE RIDE

LONDON -PARIS BIKE RIDE

MOUNT KILAMANJARO

JUST BIKE

JUST WALK

Runners vest size (for relevant events) S  M  L  XL

Have you participated in a long distance run before? \_\_\_\_\_

Are there any other challenges/events that you are interested in? \_\_\_\_\_

Amount of money you pledge to raise: \_\_\_\_\_ Number of people: \_\_\_\_\_

I enclose my cheque payable to The Challenger Trust for the following amount .....

or

Credit/debit card details

Amount £ \_\_\_\_\_ Your name (as it appears on your card) \_\_\_\_\_

Card number

Start date   /   Expiry date   /   Security number    found on the reverse of the card Issue number   Maestro cards only

Please note that this transaction will show on your statement as 'The Challenger Trust'

Emergency contact details: \_\_\_\_\_

Any other important information: \_\_\_\_\_

Company you work for: \_\_\_\_\_

Do they have a match funding scheme? yes  no

If you would like to discuss any ideas or need any advice please telephone 0203 405 1891 or e-mail to: info@challengertrust.org. On behalf of The Challenger Trust, we would like to thank you for your support