

STEP UP 2 PARKINSON'S BATTERSEA PARK WALK- 4TH OCTOBER 2020



LEAD PARTICIPANT

Title: Dr Miss Mr Mrs Ms Other:

First Name:

Surname:

First Line Address:

Second Line Address:

Town/City:

County:

Postcode:

Contact Number:

Email Address:

Date of Birth (DD/MM/YY):

Company Name (if applicable):

Title/Position (at company):

How did you find out about this event?

Do you have a connection to Parkinson's?

There is no minimum sponsorship required to participate so you can raise as much as you like! How much do you hope to raise? £.....

Entry Fee: £10 adults £5 children 5-16 years, FREE Children U5

Number of walkers? ADULTS CHILDREN (5-16 YEARS)..... CHILDREN (U5).....

TOTAL PAYABLE: £.....

Please pay via BACS payment and email confirmation and form to: events@parkinsonscare.org.uk

Account Name: PARKINSON'S CARE AND SUPPORT UK

Sort Code: 20-57-76

Account No: 73814904

Reference: SU2PBAT/your initial & surname

Alternatively, post a cheque to 'PARKINSON'S CARE AND SUPPORT UK' to: PO Box 3251, Mitcham, CR4 9EN

We would like to stay in touch with you.

Would you like to hear from us by email? Y/N

Would you like to hear from us by post or phone? Y/N

Parkinson's Care and Support UK fully complies with the Data Protection Act 1998. We respect your privacy and will not pass your details on to any third party.

If you ticked YES to the above, what would you like to hear about?

News, Our services and Fundraising Activities? Y/N

Running Events? Y/N

Cycling Events? Y/N

Walk/ Trekking Events? Y/N

Adrenaline Filled Events? Y/N

Swimming Event? Y/N

Volunteering Opportunities? Y/N

Research and Information? Y/N

I confirm I/we wish to participate in the Step Up 2 Parkinson's Battersea Park

Signature:

Date: