

# STEP UP 2 PARKINSON'S RICHMOND PARK WALK- 19<sup>TH</sup> JULY 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](mailto:events@parkinsonscare.org.uk)

**Account Name:** PARKINSON'S CARE AND SUPPORT UK

**Sort Code:** 20-57-76

**Account No:** 73814904

**Reference:** SU2PRICH/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 Richmond Park**

**Signature:**

**Date:**