

Macmillan Zipline Challenge

Saturday, 4th June 2011

River Lagan, Belfast

REGISTRATION FORM

Minimum Sponsorship £100 plus £20 registration

We welcome group entries but please submit entries together if you want to Zip at the same time. You must however obtain individual sponsorship. All proceeds from the Macmillan Zip Line Challenge will support cancer patients and their families across Northern Ireland.

YOUR DETAILS

Your full name: _____

Company/Group Name (if applicable) _____

Address _____

Postcode: _____

Telephone Number: _____

Date of birth: _____ (this is required for insurance purposes, minimum age 16)

My preferred Zip Line time is AM PM (Please circle)

REGISTRATION FEE

I enclose with this application form a cheque for £20 inc. VAT made payable to 'Macmillan Cancer Support' as my registration fee for this event. If you would prefer to pay by **Visa/Mastercard** (please delete) please fill in the details below.

Please note if paying by card the address above must be the same as the cards issued address.

Card Holders Name: _____

Card No. _____

Expiry date: _____

Card Start Date: _____

3-digit Sec. code: _____

(£20 inc VAT per person includes insurance cover)

SPONSORSHIP PROMISE

I make a commitment to raise a minimum of £100 in sponsorship, which I will bring with me on the day of the event preferably in the form of a cheque. The object is to raise as much sponsorship as possible.

SPECIAL REQUIREMENTS

If you have any special needs or disabilities that we should know about, please state these here:

DISCLAIMER

I, the undersigned, hereby waive any and all claims (to the extent permitted by law) that may arise, from whatever cause, against Macmillan Cancer Support and its subordinates, employees or agents for any loss, injury or damage to my personal property of myself. I understand the existence of danger and volunteer to take part entirely at my own risk. I undertake to inform the organisers of any medical condition which may affect my participation.

SIGNATURE

Please sign here: _____ (parent/guardian if under 18)

Date: _____

Thank you for agreeing to support our Macmillan Zip Line Challenge. We hope you will enjoy the experience. If you have any queries please call Joanne on 028 90 708610 or email jyoung@macmillan.org.uk

Post Registrations to: **Macmillan Cancer Support, 5A Stirling House, Castlereagh Business Park, 478 Castlereagh Road, Belfast, BT5 6BQ**