

DUNDEE UNITED F.C. ZIPLINE
Tannadice Park Sunday 1st August 2010

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Minimum Sponsorship £100 (£10 registration fee to secure place)
Group entries are welcomed but please obtain individual sponsorship. Please submit registration forms together if you want to Zip with friends. All proceeds from sponsorship will be used to support the work of Macmillan Cancer Support providing services locally for people affected by cancer.

Your full name: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____

Email address: _____

Date of birth: _____ (minimum age 16)

Company/Group/Association(if applicable): _____

My preferred Zip time is: morning / afternoon (please delete as appropriate)

Registration fee: I enclose with this form a cheque for the **£10 registration fee** (for administration costs) made payable to 'Macmillan Cancer Support'. For Debit or Credit Card payments, please complete the following details:

Card Type: Debit card / Visa / MasterCard (delete as appropriate); NB: No Electron, sorry

Card Holder's Name: _____

Card No: _____

Start date (debit cards): _____ Expiry date: _____

Issue No. (if applicable): _____ 3-digit code: _____ (last 3 nos. on rear of card)

Billing address: _____

_____ postcode: _____

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 on a separate sheet.

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 or 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.

The Zipline company requires your name & address for insurance purposes. If you do not want your address disclosed, please indicate here

SIGNATURE: _____ date: _____

(parent or guardian if under 18)

Please post your registration to: Macmillan Cancer Support, 3rd Floor, 66 Nethergate, Dundee, DD1 4ER or fax to 01382 207738. For all enquiries please phone 01382 226150 or email eastscotland@macmillan.org.uk