



Bed Push 23rd April: Registration Form

Your details (Team Captain):

Name _____

Address _____

Home Phone _____ Mobile Phone _____

Email _____

Each team should consist of six members (5 pushers and 1 rider).

Team Name: _____

Names of other team members:

1: _____ Address _____

_____ Email _____

2: _____ Address _____

_____ Email _____

3: _____ Address _____

_____ Email _____

4: _____ Address _____

_____ Email _____

5: _____ Address _____

_____ Email _____

P.T.O.

Terms and Conditions:

- Entrance is free; however, we ask participants to pledge to raise a minimum of £100.00 each, through either Virgin Money Giving or a Sponsorship Form. Please only sign up to the event if you are committed to fundraising this amount.
- If you have a medical condition that you feel might affect your ability to participate, please seek medical advice before committing to take part.
- Participants under 18 should gain permission from a legal parent or guardian, and a parent or guardian should be present throughout the activities.

☐ I have read the Terms & Conditions above, and understand that I enter this event at my own risk and that the charity shall not be held responsible for any injury, loss or damage as a consequence of participation.

Signature _____ Date _____

[Signed by legal parent/guardian if under 18]

Please return forms to:

FAO Judith Charmer, North Hampshire Medical Fund, Basingstoke and North Hampshire Hospital,
Aldermaston Road, Basingstoke RG24 9NA
Email: medicalfund@hhft.nhs.uk

Or to our office on B floor of Basingstoke Hospital opposite the post office

Please create a Virgin Money Giving page for your fundraising or download a sponsorship form instead. Links to both can be found on the event page on our website:

www.nhmedicalfund.org/event/bedpush2016. Final details and rules will be sent out nearer to the event date.