

Great Western Dog Walk

for Cornwall Hospice Care



Saturday 7th October 2017 Registration Form

Please submit one registration form per person, even if you wish to register as a team or family group.

Title: Mr/Mrs/Miss/Ms/other: First name: Surname:

Address:

Postcode:

Telephone No: Mobile no: D.O.B: (if under 16yrs)

Email:.....

By providing your details you are consenting to receive 2 newsletter mailings a year from Cornwall Hospice Care. Your details will be retained and will not be shared with anyone else. please tick if you would prefer not to hear from us

Your Dog/s Name:

Emergency contact name and number:

This should not be someone participating in the Great Western Dog Walk for Cornwall Hospice Care.

Please tick if you are walking alone:

Signature of Parent of Guardian if under 16 years of age
(Parents/guardians are responsible for under 16's participating in the walk.)

Suitable clothing and footwear must be worn.

How did you hear about the walk?

I agree to the Great Western Dog Walk Terms and Condition

Signed:

Date: