



23 Belle Vue Terrace ♦ Hampton-in-Arden ♦ Solihull ♦ B92 0AR
01675 443610 ♦ info@camgrant.org.uk ♦ @CamMemorial ♦ www.camgrant.org.uk

Night Walk Registration, Fri 6 Oct 2017

Please complete one form for each Night Walker:

Name of Night Walker: _____

Email: _____ Date of Birth: _____

Address: _____

Town: _____ Post Code: _____

Mobile tel: _____

Registration confirmation

By registering I agree that I / the walker is fit to carry out a walk of around 7.5km in the dark. I / the walker will be suitably equipped and I understand that the event will still go ahead in the event of adverse weather, unless otherwise notified. I / the walker agrees to walk with a responsible adult age 18 or over if I / the walker is age 15 or under. By taking part in the event I / the walker agrees to try to raise at least £20 of sponsorship for the event. Finally, I / the walker agrees to have a great time on the event!

I Agree to these registration requirements

Please indicate you agree with the registration requirements by placing a tick in the "I Agree" box.

Signature: _____

Name: _____

Date: _____

Please bring completed forms with you to the Fentham Hall on 6 October. Thank you!