

Entry form: (Please complete in BLOCK CAPITALS)

Title: Mrs / Miss / Ms / Other _____

First name: _____ Surname: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email address: _____

I enclose a cheque for £10 made payable to 'St Peter & St James Charitable Trust'

Team Name: _____

Entry information:

- Please complete one form per entrant (photocopies are acceptable)
- Females only (although we'd love to have your men as volunteers!)
- The Sleep Walk costs £10 to enter which includes a free baseball cap, finisher's memento and breakfast. The entry fee is non-refundable and we ask that everybody taking part raises as much sponsorship as possible
- All entry forms must be received by Friday 9th July, you cannot enter on the night
- Disabled entrants are welcome to take part although we ask that you please contact us beforehand to discuss the route. If you require assistance on the night your assistant must also complete an entry form but they will not have to pay the entry fee
- If you are unable to take part on the night, you must not give your place to anybody else
- The Sleep Walk is not a race and entrants are not permitted to jog or run
- The Sleep Walk is not suitable for children under the age of 10 and all 10 – 16 year olds must be accompanied by a responsible adult for the entire night
- Under no circumstances may alcohol be consumed during the event
- The Sleep Walk passes through residential areas. Please do not bring anything with you that will make unnecessary noise

Conditions of entry:

I understand that the Sleep Walk is not a race and that walking along public roadways at night is potentially hazardous. I understand that the organisers, their employees and volunteers cannot be held responsible for any injury or loss that may occur as a result of participating in the Sleep Walk. By signing this form I declare that I am fit and that the details given are correct in all particulars and I have read and understood the entry information above.

Signed _____ (parent or guardian if aged 10 – 16)

Date _____

St Peter & St James is registered under the Data Protection Act and retains information about its donors. Your details will not be disclosed to any other organisation. From time-to-time we may contact you with news about the Hospice. If you do not wish to receive this information please tick here:

Volunteers Needed!

We need husbands, partners, dads, sons, brothers and friends as volunteers to help make this event a success. If you know of any willing volunteers please enter their contact details below:

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email address: _____

Please enclose an A5 size SAE or alternatively tick here to be sent your entry pack by email

**Please send your completed entry form and entry fee to:
Sleep Walk 2010, St Peter & St James Hospice, North Common Road,
North Challely, Lewes, East Sussex, BN8 4ED**

Full details of the event will be sent to entrants in due course.