## Derby Cathedral Abseil

Saturday 2nd May 2020

## Booking Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  | Surname: | |  |
| Address: |  | | | |
| Post Code: |  | | | |
| Contact Number: |  | Mobile Number: | |  |
| Email: |  | | | |
| Date of Birth: |  | | | |
| Next of Kin: |  | | | |
| Contact Number: |  | | Mobile Number: |  |
| Relationship: |  | | | |
| T-Shirt Size: |  | | | |

IMPORTANT:

**Details of any medical condition or recent illness, which may affect your physical performance, (including: Disabilities, Special Needs, etc).**

**If you are unsure or would like advice/reassurance then please do not hesitate to contact us.**

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| **Any other information:** |

**Please note:** Theharnesses go up to XXL which is about 115cm. You must contact us in advance if you require anything larger than this.

*Please return this completed booking form to the address below along with a cheque for £20.00 (no*n-refundable deposit). Cheques made payable to: When You Wish Upon a Star or if you prefer call Alexa 0115 979 1720 to make a card payment.

To complete the abseil I shall raise a minimum of £100.00 in sponsorship before the event. These funds shall be split 50/30 with When You Wish Upon a Star and the Derby Cathedral.

When You Wish Upon a Star and Pennine Organisation accepts no responsibility for personal injury or loss of personal items during abseils.

I UNDERSTAND AND ACCEPT THESE CONDITIONS FOR MYSELF.

|  |  |  |  |
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| Signed: |  | | |
| Print Name: |  | Date: |  |