



Great South Run Sunday 26th October 2014

Team Southampton Charity Place Application Form

Title		First Name		Surname	
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Address			
		Postcode	

Daytime Telephone		Mobile Telephone	
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Email		Date of Birth		Male/Female
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Occupation		Employer	
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Will your company match any amount you give?

Emergency contact details	
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Name		Mobile Telephone	
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1. Have you taken part in this event before? Yes/No (delete as appropriate)
 2. Have you applied for your own place from the race organisers? Yes/No (delete as appropriate)
 3. Have you previously fundraised for Southampton Hospital Charity? Yes/No (delete as appropriate)

If yes, please can you give further details: _____

4. To secure a charity place, you are required to raise a minimum of £200 (excl. gift aid) sponsorship. Please specify how much you plan to raise if you are given a place:

£ _____

Please give further details on how you plan to raise the above amount: _____

5. What is your main reason for supporting Southampton Hospital Charity?

- I have been or am a patient at the hospital
- I have a close friend or relative who has been or is a patient at the hospital
- I enjoy fundraising
- I enjoy running

Please give further details: _____

6. We are always looking for interesting and inspiring stories to send to the media. Do you have a story and are you happy to share it? By telling your story, you will encourage more people to support Southampton Hospital Charity.

- I have survived a life threatening condition or trauma
 - I am running in memory of a loved one
 - I have lost a lot of weight
 - I have recently taken up running
 - I am marking a milestone birthday or event
 - I see this as a life changing event for me
 - I would like to run in fancy dress
 - I have another unusual story (please add further details below)
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7. How did you hear about Southampton Hospital Charity? _____

Declaration:

I understand that if accepted for a Southampton Hospital Charity Great South Run charity place, I am required to pay a **£25 non refundable registration fee** and pledge to raise a **minimum of £200 (excl. gift aid) sponsorship** for Southampton Hospital Charity.

Signed: _____ Date: _____

Please take a copy for your records and return to:
Suzie Simmons, Southampton Hospital Charity, Mailpoint 135, Southampton General Hospital,
Southampton, SO16 6YD.

If you are successful in securing a place, we will let you know within two weeks of receiving your application form. Your place will only be secure once we have received your £25 registration fee.

We would like to keep you informed of our news, activities, events and appeals. If you do not wish to receive any information, please tick here