

## Southampton 10k 22 April 2018 - Registration Form

Please complete this form and return it to the address below as soon as possible – places are extremely limited so it's important that you book early to avoid disappointment! Please also provide your £15 registration fee cheque (payable to 'Southampton Hospital Charity') or credit card details (see below) or by credit/debit card.

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_ Company \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_ Tel No. (Other) \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

How did you find out about this event? \_\_\_\_\_

1. Have you taken part in this event before? Yes/No (delete as appropriate)
2. Have you previously fundraised for Southampton Hospital Charity? Yes/No (delete as appropriate)

If yes, please can you give further details:

\_\_\_\_\_

3. To secure a charity place, you are required to raise a minimum of £100 (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:

\_\_\_\_\_

4. Is there a particular ward or department that you would like to fundraise for?

\_\_\_\_\_

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 am a member of staff
- I enjoy fundraising
- I enjoy cycling

Please give further details:

\_\_\_\_\_

6. How did you hear about Southampton Hospital Charity?

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7. Would you like a Charity T-Shirt or running vest for the day? If so please confirm preference and sizing below;

T-Shirt

- X-Small  
 Small  
 Medium  
 Large  
 X-Large

Running Vest

- X-Small  
 Small  
 Medium  
 Large  
 X-Large

- I enclose a cheque payable to 'Southampton Hospital Charity'  
 Please charge my Visa / Mastercard / Delta / Switch with the £10 fee as follows:

Name (as it appears on the card):

Address card is registered to (if not the same as above)

Card Number

Valid From

Expiry Date

Issue No  
(switch)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	___ / ___	___ / ___	___
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Last 3 Digits of security code (on signature slip) \_\_\_\_\_

Please take a copy for your records and return to: [charity@uhs.nhs.uk](mailto:charity@uhs.nhs.uk)  
**Southampton Hospital Charity, Mailpoint 135, Southampton General Hospital, Southampton, SO16 6YD**

We (Southampton Hospital Charity) would like to keep you informed of our news, activities, events and appeals.  
 If you would like to receive these, please tick below to **OPT IN**.

- Receive via e-mail  
 Receive via post  
 Receive via telephone calls  
 Receive via SMS  
 I do not want to receive anything

Signature \_\_\_\_\_ Date \_\_\_\_\_