



ENTRY FORM



Supporting Cynthia Spencer Hospice
Registered Charity Number 1002926

I wish to enter the Cycle4Cynthia charity cycle ride
on Sunday 24th September 2017

50 MILE ROUTE	<input type="checkbox"/>	25 MILE ROUTE	<input type="checkbox"/>	5 MILE ROUTE	<input type="checkbox"/>
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1 Your details (please use BLOCK CAPITALS)

Name Date of birth

Address Post code

Male/Female (delete as appropriate) Tel no Mobile no

Email address I opt in for email contact by Cynthia Spencer Hospice

Cynthia Spencer Hospice, who administer this event, will not share your details with any other organisations. We would however, like to keep in touch occasionally with news of our work and fundraising activities, including Cycle4Cynthia, using the contact details you have supplied. If you prefer not to be contacted this way please tick here

PAYMENT

If you wish to pay your entry by credit or debit card please complete this section.



Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date				Security No				Issue No				Start date				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please Enter amount

Adult	£15.00	Adult	<input type="text"/>	£
Child (12 & under)	£7.50	Child	<input type="text"/>	£
Family (2 Adults 2 Children)	£35.00	Family (*see note below)	<input type="text"/>	£
After closing date 1st September 2017		Donation	<input type="text"/>	£
Adult £20.00 Children £10.00 Family £50.00		Total	<input type="text"/>	£

* If you are entering a family please include all names and addresses on this form and continue overleaf.

DISCLAIMER

On entering the event, I understand that the organisers cannot be held responsible for any injury or loss sustained by me however caused and arising from my participation in Cycle4Cynthia. I agree to abide by the Highway Code, the County Code and the Event rules.

Signed Date

If you are under 16 we need your parent or guardian to sign below to agree to the conditions of entry on your behalf. An adult must accompany all children under 16.

Print Name Signed Date

Please make cheques/postal orders payable to 'Cycle for Cynthia' and post to: C4C, Cynthia Spencer Hospice, Manfield Heath Campus, Kettering Road, Northampton NN3 6NP. Unfortunately we are unable to offer refunds for cancellations.

2

Your details (please use BLOCK CAPITALS)

Miles

50Name Date of birth Address Post code Male/Female (delete as appropriate) Tel no Mobile no **25**Email address I opt in for email contact by Cynthia Spencer Hospice

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