



MAY DAY TREK 2010 ENROLMENT FORM

Please complete in **BLOCK CAPITALS** and
return to Peter Else

12 Peterborough Road, Sheffield, S10 4JE

Mr/Ms/Miss/Mrs First Name _____

Last Name _____

Address _____

Post Code _____ Tel. No. _____

e-mail address _____ Age (if under 18) _____

If you are under 18 you must have your parent's or guardian's consent to take part in the May Day Trek. In addition if you are under 14 you must be in the care of an adult who is taking part in the Trek.

I consent to the above named person taking part in the 2010 May Day Trek.

Signed by parent or guardian: _____

Also the above named person will be in the care of the following adult:

If you are walking as the member of a school, club, church or other group, please give the name: _____

Indicate where you would like your sponsorship to go:

- Christian Aid CAFOD

If you would like more registration forms please state how many: _____

Are you a previous walker? Yes/No

If not, how did you find out about the walk?

Christian Aid/Cafod publicity Local church Web-site

Other (please specify) _____

Now send this Registration Form to Peter Else at the above address, or e-mail to p.else@sheffield.ac.uk.

ANY QUESTIONS ? Phone 0114 230 5694