



SHEFFIELD MAY DAY TREK 2018 REGISTRATION FORM

Please complete in **BLOCK CAPITALS**

Name: (Mr/Ms/Miss/Mrs) _____

Address _____

e-mail address _____

Telephone _____ Age (if under 18) _____

If you are under 18 you must have parent/ guardian consent.

If you are under 14 you must be in the care of an adult taking part in the Trek.

If under 18, I consent to the above named person taking part in the Sheffield May Day Trek. Signed parent/guardian: _____

If under 14, the above named person will be in the care of the following adult(s):

Name _____ Telephone _____

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

Walking route: 6 miles 11 miles

Sponsorship to: Christian Aid CAFOD

Are you a previous walker? Yes/No (If 'No', how did you find this walk?)

Christian Aid/CAFOD publicity Local Church Website

Other (please specify) _____

Please return this Registration Form:

By post to: Bridget Kellett, 269 Granville Road, Sheffield, S2 2RP

By email to: sheffieldmaydaytrek@gmail.com

ANY QUESTIONS ? Phone 0114 275 9828