

Fundraiser Registration Form

We are delighted that you wish to help us by undertaking an event to support our work. Please can you take a few minutes to complete and return it to us. By completing this form it will offer us an opportunity to look at ways in which we can help YOU to make your fundraising efforts a great success.

Thank you for choosing Lifeblood to benefit from all your hard work.

Personal Details:

Organiser's name:

Address:

Contact number:

Email:

Date of birth:

Your event:

Date of event:

Venue and address:

Details of event:

Declaration:

I acknowledge that I am undertaking this activity entirely at my own risk and that Lifeblood: The Thrombosis Charity shall not be liable in any way for any injury or loss that might occur as a result of my participation.

I understand that I should seek medical advice from my General Practitioner if I am in any doubt about my physical ability to take part in the event.

I understand that Lifeblood: The Thrombosis Charity will, in no way, be liable for any claim that may arise from this event. I agree to pay all proceeds of the event to Lifeblood: The Thrombosis Charity.

Signed:

Date:

Printed name:

If under 18, please get this declaration countersigned by a Parent of Legal Guardian.

Signed:

Date:

Printed name:



Lifeblood: The Thrombosis Charity will only use your personal information to provide you with information, services or products you have requested, for administration purposes and to further our charitable aims.

We may need to share your information with our service providers, associated organisation and agents for this purpose.

We would like to keep you informed about our work.

Please tick this box if you would prefer not to receive information about our activities.

Once completed please return this form to:

Annya Stephens-Boal
Lifeblood: The Thrombosis Charity
PO Box 58
Llanwrda
Carmarthenshire
SA19 0AD

LIFEBLOOD
THE
Thrombosis
CHARITY