

# Fundraising 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 this form and return it to us.

By completing this registration form it will offer us the opportunity to look at ways in which we can help YOU and make your fundraising efforts a great success.

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

## Personal Details

Organiser's name

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Address

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Post code

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Contact no:

Email:

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Date of birth

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Your event

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Date of event:

Time:

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Title of event:

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Venue:

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Address where event being held:

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Details of the event:

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## 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

Printed name

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Date

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If under 18, please get this declaration countersigned by a Parent or Guardian

Parent/guardian signed

Printed name

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Date

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**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 organisations and agents for these purposes.

We would like to keep you informed of our work. Please tick this box if you would prefer not to receive information about the activities of Lifeblood: The Thrombosis Charity.

If you would like help in completing this form please call 01406 381 017 or email: [information@thrombosis-charity.org.uk](mailto:information@thrombosis-charity.org.uk)

**Once completed please return this form to:**  
**LIFEBLOOD: The Thrombosis Charity**  
**PO Box 1050**  
**Spalding PE12 6YF**