



# SHEFFIELD MAY DAY TREK 2017 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**