

# Event Registration Form



## Personal Details (PLEASE PRINT)

Surname: \_\_\_\_\_ Age (if under 16) \* \_\_\_\_\_

First Name: \_\_\_\_\_ Mr/Mrs/Miss/Ms \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Tel.No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax No: \_\_\_\_\_ e-mail: \_\_\_\_\_

Event Venue: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Details: \_\_\_\_\_

\* If under the age of 16, please ask your parent or guardian to complete this section

I certify that I am the parent/lawful guardian of the above named child and I hereby give permission for the named child to fundraise on behalf of The Marina Dalglish Appeal.

Name of Parent/Lawful Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Date \_\_\_\_\_

- If this is a sponsored event, we will send you some sponsorship forms
- In the interest of security, we will ask for proof of identify before issuing sponsor forms or identification badges

**Declaration:** I understand that I should seek medical advice from my practitioner if I am in any doubt about my physical ability to take part in any event. I acknowledge that I am undertaking this activity entirely at my own risk and that The Marina Dalglish Appeal shall not be liable in any way for any injury or loss that might occur as a result of my participation in the event. I understand that The Marina Dalglish Appeal will in no way be liable for any claims that may arise from the event.

WHEN YOU HAVE DECIDED ON AN EVENT, PLEASE SEND THE COMPLETED FORM TO:

Dianne Gillespie  
The Marina Dalglish Appeal  
5<sup>th</sup> Floor, Yorkshire House, Chapel St, Liverpool L3 9AG  
Tel. 0151 329 0489 Fax. 0151 709 2501

Charity Registration No: 1111193

[www.marinadalglishappeal.org](http://www.marinadalglishappeal.org)

[dianne@marinadalglishappeal.org](mailto:dianne@marinadalglishappeal.org)

*Thank you for your support*