**Steps for Sartori Hero Walk**

**Sunday 24th September 2017**

**Application Form**

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distance to be completed:

□ 12 mile □ 6 mile □ 3 mile

Please state names of your group:

|  |  |  |
| --- | --- | --- |
| **Full name of participants**  **(inc. yourself)** | **Age of participant at time of walk** | **Male/female** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please note: Individual registration is £15, a family registration (2 adults, 2 children) is £30 and additional children are £5.**

**Please read statements and tick the boxes accordingly.**

□ I wish to collect additional sponsorship. We will contact you to discuss this and can issue you with a sponsorship form

□ I understand that myself and/or my group will have to register on the day (registration from 8.00am until 9.30am) and that registrations fees paid will not be refunded if you are unable to attend.

□ I agree that the Paul Sartori Foundation can email me from time to time with information on Pembrokeshire’s Only Hospice at Home Service. ***Your details will not be passed onto third parties and we won’t bombard you with emails.***

Payment method:

□ cash □ cheque □ card

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_