

**Saturday 16th September 2017**
Please return your completed registration form to St Ann’s Hospice, St Ann’s Road North, Heald Green, Cheadle, SK8 3SZ along with your registration fee or email to events@sah.org.uk
**(If sending a cheque please make payable to St Ann’s Hospice).**

**Title: ……………………………….. First name:** ……………………………………………..

**Surname:** ………………………………………………….

**Address:** ………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

**City/ County** ………………………………………………………………. **Postcode: ……………………………………..

Gender (please tick): M F

Date of Birth: ……………………………………………………..

Email address (please write clearly): ……………………………………………………………………………………………..

Contact telephone number: ………………………………………………………………………………………………………….

Your t-shirt size (please tick): S M L XL 2XL

Emergency Contact Name: …………………………………………………………………………………………………………….

Emergency Contact Number: ………………………………………………………………………………………………………….***By signing below you are agreeing to have read and understood the Terms & Conditions. Your registration will not be valid unless you agree to the Terms & Conditions.* **Signed (or tick box via email) …………………………………………………………………………..

Date: …………………………………….

Are you happy for Gladiator Events to contact you about other products? Y / N**