

**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](mailto: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**