



# Event Registration Form

Please complete ALL sections of this form, front and reverse, and return in an envelope to: Sense Events Team, Sense, 101 Pentonville Road, London N1 9LG or e-mail it to [events@sense.org.uk](mailto:events@sense.org.uk)

### Personal details

Mr, Mrs, Miss, Ms (please circle) or other \_\_\_\_\_

Forenames \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime Tel \_\_\_\_\_ Evening Tel \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth

### Payment Details

I would like to pay my non-refundable registration fee of £..... (inc VAT) by:

- Cheque (made payable to Sense) *OR*
- Mastercard     Visa     Switch/Maestro

Cardholder's Name \_\_\_\_\_

Expiry Date     Start Date     Issue No

Card No

Security number

Please state if you have any disability, impairment or medical condition

\_\_\_\_\_

Do you have any special communication needs?  Yes  No

If yes, please specify \_\_\_\_\_

**Declaration** I would like to participate in ..... for Sense and agree to pledge £..... in sponsorship (ex gift aid). I enclose a cheque made payable to Sense/credit card details for £..... (inc.VAT) and understand that this is a non-refundable registration fee on confirmation of my place. My place in this event is conditional upon the registration fee. I hereby confirm that I am 18 or over and understand the risk involved in undertaking this event. I therefore do not hold Sense or any of its representatives responsible for any injury/damage or illness sustained to me or my property howsoever caused as a result of this event.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Running vest

Please indicate chest size:

Ladies'	Men's
32 ins	38 ins
34 ins	40 ins
36 ins	42 ins
38 ins	44 ins
40 ins	46 ins

Please enter the name you would like on your vest

\_\_\_\_\_

### T-shirt

Please indicate size:

- XS
- S
- M
- L
- XL
- XXL



**sense**  
for deafblind people



How did you hear about Sense?

- |   |   |
|---|---|
| <input type="checkbox"/> Sense Website        | <input type="checkbox"/> Poster                       |
| <input type="checkbox"/> Friend/Colleague     | <input type="checkbox"/> Realbuzz                     |
| <input type="checkbox"/> Search Engine        | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Sense Letter/Mailing |   |

What made you decide to run for Sense?

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Have you previously been involved with Sense if so how?

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What company do you work for?

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Does your company run a matched giving scheme, and if so, up to how much will they match?

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How much do you intend to raise?

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Can you give details of any previous fundraising you have done?

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**Sense supports deafblind children and adults to live active, independent lives. We are only restricted in the numbers of individuals we can work with by limited funds. Your support will enable us to transform many more lives.**

**Data Protection**

Your details will be held on our database and may be used to send you information on activities we think may be of interest to you. If you do not want to receive such information, please tick the box

