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**REGISTRATION FORM**

**THE VITALITY BIG HALF – Sunday 1st March 2020**

**Please complete and return to the fundraising team;**

[**fundraising@themaypoleproject.co.uk**](mailto:fundraising@themaypoleproject.co.uk) **/ 01689 851 596**

**51 High Street, Green Street Green, Orpington, BR6 6BQ**

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| **Name of Event** |  | | | | | | |
| **Full Name** |  | | | | | | |
| **Address (Incl. Post)**  **code)** |  | | | | | | |
| **Email:** |  | | | | | | |
| **Twitter ID:** |  | | |  | | | |
| **Tel. No.**  **(ESSENTIAL)** | Mobile: | | | Work: | | | |
| **Date of Birth** |  | | | | | | |
| **Vest size**  **(Please circle where appropriate)** | **Male / Female** | **S** | **M** | | | **L** | **XL** |
| **Reason for running in aid of TMP** |  | | | | | | |
| **Name on vest** |  | | | | | | |
| **Would you like to share your email address with other runners?** | Yes | | | | No | | |

**Please read the terms and conditions carefully:**

* I agree to take part in this event at my own risk. The Maypole Project will not be held responsible for any loss, damage,

illness or injury caused or arising out of my participation in this event.

* I will be 17 years of age or over on the date of the event.
* I agree to pay the registration fee of £25 upon signature of the registration form. Please make payment by cash, cheques payable to The Maypole Project or via bank transfer;

**Lloyds Bank: Sort Code: 30-97-12 / Account number 03536246**

* I will have raised (and banked) 50% (£100) of my minimum sponsorship 1 month before the event (1st February 2020)
* The remaining 50% sponsorship will be paid exactly one month after the date of the event (1st April 2020)
* I agree to have raised the minimum sponsorship of £200 by 1st April 2020.
* Should I not be able to take part in this event I will notify the Maypole Project.

**Gift Aid!**

* *Gift Aid lets us turn a £20 donation into £25 – just indicate below and for every £1 you give the Inland Revenue will give us an extra 25p without it costing you a penny!* **Gift Aid**: *If I have ticked the box headed “Yes, please Gift Aid my donations”, I confirm that I am a UK Income or Capital Gains Tax taxpayer. I have read this statement and want the Maypole Project Charity named above to reclaim tax on the donations detailed above, given on the date (s) shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify*

**Yes,** please Gift Aid my donations **No,** I do not pay UK tax or capital tax gains

**Contact Preferences**Thank you for providing your contact details for communications about our active events. The Maypole Project would also like to keep you informed about our work and the other ways you can support our families. We will only communicate with you if you tell us you are happy to hear from us. If you want to change the way we keep in touch please contact [info@themaypoleproject.co.uk](mailto:info@themaypoleproject.co.uk). 

* Do you consent to us holding this information in order to contact you following this event? **Yes / No**
* If Yes - would you like us to keep in contact with our events and news via: from The Maypole Project via :

Email **Yes/No**      Post: **Yes/No**    Telephone**:** **Yes/No**

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| --- | --- |
| SIGNED: | DATE: |