

SHEFFIELD NIGHT HIKE

Raising money for Christian Aid

REGISTRATION FORM

Name: (Mr/Ms/Miss/Mrs) _____

Address _____

e-mail address _____

Telephone _____ Age (if under 18) _____

If you are under 18 you must have parent/guardian consent.

If you are under 14 you must be in the care of an adult taking part in the Hike.

If under 18, I consent to the above named person taking part in the Sheffield Night Hike. Signed parent/guardian: _____

If under 18, emergency contact name and telephone of someone not on the Hike: Name _____ Telephone _____

If under 14, the above named person will be in the care of the following adult(s) during the Hike: _____

If you are walking as the member of a group, please give the group & leader name: _____

Walking route: 9 miles 17 miles

Are you a previous walker? Yes No

If "No", how did you find out about the walk?

Christian Aid publicity Local church Website

Other (please specify) _____

Please return your completed Registration Form to:

By email to: register@SheffieldNightHike.org.uk

By post to: SNH Registration, 252 Dobcroft Road, Sheffield, S11 9LJ

Any Questions --- email or write to the above addresses



www.SheffieldNightHike.org.uk
info@SheffieldNightHike.org.uk

