



Event Registration Form

WARWICKSHIRE BIKE RIDE 2017

Please return this form by post to:

British Heart Foundation, Lyndon Place, 2096 Coventry Road, Sheldon, Birmingham, B26 3YU.

For any queries or help completing this form, please contact 0300 330 0645 or frsupport@bhf.org.uk

ABOUT YOU

Title: First name: Last name:

Home address:

Postcode: Date of Birth:

Email: Main contact number (tel):

Next of kin name: Next of kin contact no:

Best number for contacting *you* on the day of the event (exceptional circumstances):

Team name: (if applicable) Team leader's name: (if applicable)

Company name: (if applicable):

YOUR REGISTRATION (please complete one form per participant)

Distance 16 Miles 32 Miles

Entry fee

Adult entry £14..... Child entry (under 16) FREE

I would like to give an optional donation of £.....

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to British Heart Foundation.**

Declaration: I confirm that I have read and agree to the terms and conditions set out at bhf.org.uk/eventsterms.

Signature: Date:

For a participant under the age of 18 to take part in this event, an adult must give permission by signing the declaration above. If you are an adult signing on behalf of someone under 18, please provide your name and relationship to the young person below

Name: Relationship:.....

PAYMENT (Please tick one)

Cheque – please make cheques payable to 'British Heart Foundation'

Credit / Debit card – please complete all details below (postal entry only, please do not email this form with card details completed)

Cardholder's name: Visa Visa Delta Mastercard Maestro

Cardholder's address: (The address the card is registered to)

..... Postcode:

Card No: Valid from: / / Expiry date: / /

Issue No. (Maestro only) **Total £:**

MORE ABOUT YOU

Please tell us your reasons for taking part:

(Please tick all that apply)

- I think it will be an enjoyable experience
- I want to improve my fitness
- Someone asked me to take part with them
- This event is easy/convenient for me to get to
- I want to do something new/different
- This activity is a hobby of mine
- I want to raise funds for the BHF's work

Please select the statement(s) that apply to you:

- I have been affected by a heart or circulatory condition
- I am raising money in memory of someone
- A family member/friend has been affected by a heart condition
- None of the above

How did you hear about this event?

(Please tick all that apply)

- Poster / leaflet
- Facebook
- Email
- Postal mailing from the BHF
- Newspaper
- Magazine
- Radio
- Google search
- Word of mouth
- Twitter
- BHF website
- A website
- My local fundraising manager
- Other

Other:

JOIN THE FIGHT

Hear about our latest research, campaigns and how you can support our life saving work.

- Yes please, I'd like to hear from you by email
- Yes please, I'd like to hear from you by text message
- No thank you, I don't want to hear from you by post
- No thank you, I don't want to hear from you by telephone

We will never share your details with anyone else and will keep them safe. You can change the way you hear from us at any time by emailing supporterservices@bhf.org.uk or calling 0300 330 3322.

Find out more in our Privacy Policy at www.bhf.org.uk

TERMS AND CONDITIONS

All submitted applications are received by the BHF on the basis that the participant agrees to the terms and conditions which can be found at bhf.org/eventsterms. A copy can be requested by contacting us on 0845 130 8663 or via events@bhf.org.uk

GIFT AID STATEMENT

**I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations to charities and CASCs in that tax year, it is my responsibility to pay any difference. Please let us know if you want to cancel the declaration, change your name and/or address or no longer pay sufficient tax on your income and/or capital gains.

FIGHT FOR EVERY HEARTBEAT

bhf.org.uk