

Please read and sign the following

- I pledge to raise a minimum of £350 for St John Ambulance. Any Gift Aid claimed from my sponsor's donations is not included in my sponsorship total.
- Sponsorship money must be paid to St John Ambulance NHQ by 19 October 2010
- I enclose a non-refundable registration fee of £25 (Including VAT).
- St John Ambulance will not take the registration fee until you have been awarded a place.
- I agree to take part in the BUPA Great North Run at my own risk. St John Ambulance will not be responsible for any loss, damage, illness, injury or death caused or arising out of my involvement with this event.
- I am not aware of any medical condition or other reason why I should not participate.
- I will be over 17 years of age on the day of the event.
- Should I not be able to take my place after it has been confirmed, any sponsorship money raised should be offered back to my sponsors. In the event that they wish to donate it, it should then be sent to St John Ambulance NHQ.

Please sign and date to confirm that you adhere to our terms and conditions:

Signature.....Date.....

| | | |
|---|-------------------|--|
| Payment options | | |
| <input type="checkbox"/> I enclose a cheque for _____ made payable to St John Ambulance | | |
| <input type="checkbox"/> I would like to pay by card (We accept payment of the registration fee by all major credit and debit cards) | | |
| Card holder | | Type of card (Visa/Mastercard/Switch) |
| Card number | | |
| Expiry date | Start date | Issue number |
| Amount to be charged | | |

Please return your completed form(s) to:

The Events Team, St John Ambulance, 27 St John's Lane, London, EC1M 4BU.
T: 020 7324 4170 F: 020 7324 4001 E: events@nhq.sja.org.uk
W: www.sja.org.uk



BUPA Great North Run

19 September 2010

Application form

