Royal Hospital for Neuro-disability (RHN) Registration form

Places will be allocated based on the information you give on this form.

Please fill out as much as you can and return via post (address below) or email to events@rhn.org.uk

Name of the challenge		Date
Minimum target amount (ca	an be found on the RHN website	, on the challenge page
-		
Mr Mrs Miss	Ms	
First name	Surname	
Address		
Postcode	Email address	
Telephone (home)	(mobile)	(work)
Date of birth	Occupation	
-		
How did you hear of this ev	vent?	
Have you taken part in an I	RHN event before? Yes	No
If yes, please give details		
Do you have a personal rea	ason for joining the RHN team?	

What company do you work for?

Will your employer match the amount of sponsorship you raise? Yes No

How much do you pledge to raise?

How do you plan to reach the minimum fundraising target? Please give details

The RHN relies heavily on fundraisers like you to help us bring in the $\mathfrak{L}3.4$ million needed every year to care for our severely disabled patients and residents, so it's vital that our fantastic supporters raise the set minimum target of their challenge.





All the benefits of joining the RHN team:

- Regular newsletters giving you excellent advice on training and nutrition
- Expert advice and tips for fundraising, to help you achieve your target
- A great support network from all of our fundraising team
- Certificate presentation evening and official thank you, here at the hospital
- An official RHN cycling

Your size for an RHN cycling jersey	rour size	e tor an	KHN	cycling	jersey
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XS: 8 / 30"

S: 10 / 32"

M: 12 / 34"

L: 14 / 36"

XL: 16 / 38–40"

Are you happy to receive information from us about other events, news and activities at the RHN?

Yes No

Are you happy for us to use photos of you at the event or quote you for promotional material?

Yes No

Add us on social media @RHNUK and if you are happy for us to tag you, please share your Twitter handle: @

Remember to tag us as well, so we can follow your wonderful efforts @RHNuk #TeamRHN

What happens next...?

Please sign and date this form and we will be in touch as soon as possible to confirm your space.

I will do my best to raise the minimum target for this challenge event and I accept that this is a condition of my participation.

Signed: Date

Please return this form either via post to the address below or to events@rhn.org.uk

Additional information

 Fundraising department Royal Hospital for Neuro-disability West Hill, Putney, London SW15 3SW

020 8780 4560✓ events@rhn.org.uk

Registered Charity Number: 205907



