

# Shark Dive Entry Form – 16<sup>th</sup> October 2010



Full Name: .....

Home Address: .....

.....

Post Code: .....

Email: .....

Home Telephone: ..... Mobile: .....

How would you prefer for us to contact you? .....

## **Deposit**

A deposit of £50 is required to secure your place in the Shark Dive.

## **Sponsorship**

Deafblind UK agree to incur the full costs associated with the dive and we therefore ask that you try to raise at least £350 or more in sponsorship. A minimum of £100 sponsorship money (excluding deposit) must be banked with Deafblind UK prior to the dive.

## **Changing your mind!**

If you decide to withdraw from the challenge in the two weeks prior to the dive your £50 deposit will be used to offset any costs incurred by Deafblind UK in reserving your place.

Any travel or medical expenses incurred by you (the participant) in undertaking the Shark Dive Challenge will not be eligible for reimbursement from sponsorship monies.

## **Please complete the sections below:**

I enclose my registration fee of £50

Please tick (✓)

I enclose a cheque for £50 sterling made payable to Deafblind UK

Please charge my credit/debit card for £50 sterling – details below

Please tick ✓

Mastercard

Visa

Maestro/Switch

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Issue No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make chq's payable to 'Deafblind UK'

Please return this form to Lorraine Densham, Deafblind UK, National Centre for Deafblindness, John and Lucille Van Geest Place, Cygnet Road, Hampton, Peterborough PE7 8FD.

Registered charity number: 802976



How are you planning to raise the minimum sponsorship of £350?

.....

Would you consider creating a web page through [www.justgiving.com](http://www.justgiving.com) ?

.....

Is this your first charity fundraising event? Yes  No

If your answer is No, please give details:

.....

.....

How did you find out about Deafblind UK?

.....

**Participant Agreement**

I will try to raise as much money as possible in sponsorship for Deafblind UK

I (the participant) agree to the conditions of deposit and sponsorship as outlined above.

Participant Name: .....

Participant Signature: ..... Date: .....

Don't forget to send:

- Medical Form – signed and dated
- Entry Form – signed and dated
- Deposit (£50)

Please return this form to Lorraine Densham, Deafblind UK, National Centre for Deafblindness, John and Lucille Van Geest Place, Cygnet Road, Hampton, Peterborough PE7 8FD.

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