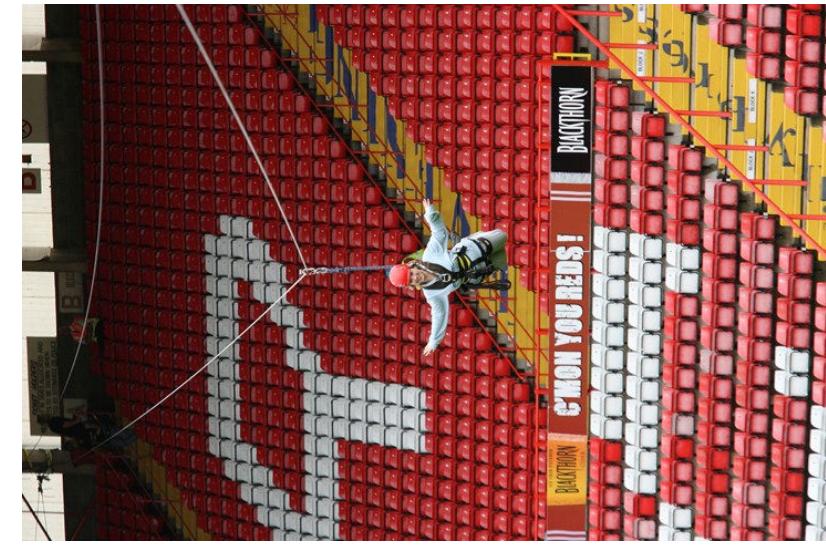


Dare you.....

Zip Slide 500ft across the Bristol City Football Ground!



**Sunday 5th
April 2009**

To register
complete the
Entry Form
overleaf

Raise more and
receive your **FREE**
Deafblind UK
T-Shirt!

PLEASE COMPLETE

Do you represent a company/organisation? YES / NO
If yes, please give the name: _____

Does your employer participate in matched giving? YES/NO
Where did you see this event advertised? _____

**Zip Slide across the Ashton Gate Stadium, Bristol City Football Ground
Sunday 5th April 2009**

Notification of hazardous activity

A Zip Slide can be a dangerous activity. If you are in any doubt about your fitness to participate, please consult your doctor. We reserve the right to cancel your application, or the event, on safety grounds if appropriate.

I, the undersigned, wish to participate in the above event. I understand that this is done entirely at my own risk and absolve Deafblind UK from any injury occurred or any damage to property through participation

Sponsorship Promise

'I fully understand that this is a sponsored event and that I will try to raise the minimum sponsorship required of £100 per person and endeavour to bring as much as possible on the day.' By bringing your sponsorship money on the day, or raising it in advance through www.JustGiving.com you help us to put your money to work quicker in the community.'

I understand that Deafblind UK has the right to refuse participation if it is deemed necessary and that entry fees are non-refundable.

Name: _____
Signature: _____
Date: _____

Your sponsor forms and further details will follow. Please complete both sides of this form and return to the address overleaf. Cheques should be made payable to 'Deafblind UK' and have your full name and the name of the event on the reverse. Thank you.



www.deafblind.org.uk

Deafblind UK challenges you to 'Zip Slide the Ashton Gate Stadium' to raise money for Deafblind people in the community.

Deafblind UK is a national charity offering specialist services and human support to deafblind people and those who have progressive sight and hearing loss acquired throughout their lives. Our aim is to enable people living with this unique disability to maintain their independence, quality of life, and reduce the isolation that Deafblindness creates.

We achieve this through campaigning, education and the provision of practical and emotional support via independent living teams, personal communicator guiding and interpreting services, rehabilitation support, adaptive equipment to assist with daily living, a volunteer befriending service and a free telephone Helpline providing information, advocacy and guidance.

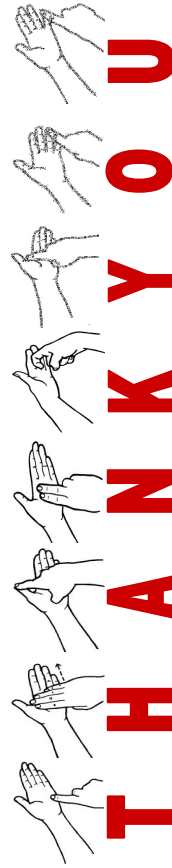
With your help we really can make a difference!

HOW TO REGISTER

Simply post or fax your entry form back to us immediately to secure your place. There is a small entry fee of £20 per person to help recover some of the event costs.

**Please return your Entry Form to
'Bristol City Football Ground Zip'
Event Fundraising
Deafblind UK
Cygnet Road
Hampton
Peterborough
PE7 8FD
Fax: 01733 358356**

**For more information contact Kelly on 01733 358100
OR visit www.deafblind.org.uk**



ENTRY FORM Ashton Gate Stadium Zip Slide!

Entry Fee is £20 (inc.VAT) per person and is non-refundable.
Please use the form below to send your payment with your Entry Form.

* You must be aged 18 years or older to take part in the event, unless accompanied by a parent or legal guardian, in which case the minimum age is 14 years old.

* You must be able to follow instruction, be fit and healthy, and not of a nervous disposition.

Name: _____

Home address: _____

Postcode: _____

Email: _____

Preferred Telephone: _____

Do you have any illness/disability that we need to be aware of? YES/NO

If YES Please state _____

Please COMPLETE I enclose my registration fee of £20

Please tick (✓)

I enclose a cheque for £20 sterling made payable to Deafblind UK

Please charge my credit/debit card for £20 sterling – details below

Please tick ✓

Mastercard Visa Maestro/Switch

Card No: _____ / _____ / _____ / _____ Expiry Date: _____

Start Date: _____ Security Code: _____ Issue No: _____

Signature: _____ Date: _____ PTO >