

**Town Mayor’s 4km**

**Charity Fun Run**

**Sunday 29 April 2018 10.30am**

**Roding Valley Recreation Ground IG10 3BS**

Runner Numb

|  |  |
| --- | --- |
| Amount due |  |
| Name of Payer |  |
| Amount rec’d |  |
| Date rec’d |  |
| Banking ref. |  |
| Budget code | 1003/301 |
| Receipt No. |  |

er/s:…………………………………………………………………..

Charity Number: 212644

Loughton Town Council and The Dream Factory do not share their database information with others.

Dream Factory Registered Charity Number: 1123662

Please complete BOTH sides of the entry form

**Fun Run Registration FORM**

**Please complete BOTH sides of the entry form**

Your Name: .......................................................... Under 16: Yes / No (please circle)

Door Number:……………………. Post Code:…....................

Phone Number(s) .................................................

Email address ...........................................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Price** | **Quantity** | **Sub-total** |
| Children & students | £5 |  |  |
| Adults | £10 |  |  |
| Family (1 adult + more than 2 children) | £20 |  |  |
| TOTAL |  |
| **Sponsorship form taken** *(please tick)* **Yes**  **🞏 No 🞏** |  |

 ***Official use only***

|  |
| --- |
| Runners No: |

|  |  |
| --- | --- |
| Amount due |  |
| Name of Payer |  |
| Amount rec’d |  |
| Date rec’d |  |
| Banking ref. | R |
| Budget code | 1003/301 |
| Receipt No. |  |

Please return cash/cheques with this form to either:

**Loughton Town Council, Loughton Library & Town Hall, Traps Hill, Loughton IG10 1HD or Geraldine’s Hair Fashions, 76 The Broadway, Loughton IG10 3ST *Don’t forget to collect your Running Number***

**Please do not post cash**. You may pay by cash/cheque in person (in advance) at either of the above addresses Debit/credit cards payments are ONLY accepted at the council office. **Cash/Cheques Only** on the day please. Cheques should be made payable to: **Loughton Town Council**

Please give the details of any additional runners (continue on the reverse if necessary)

1. Name .................................................................................................Date of birth .......................... (If under 16)

Door Number: ……………….. Post Code: ………………..

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Door Number: ………………… Post Code: …………………

***Please sign declaration overleaf***

**Chigwell Riding Trust** was the first riding centre for people with special needs in the world and has been established in Chigwell for over fifty years. Riding instruction is given to people of all ages and abilities. The riding centre has approximately 160 riders each week.

As one of the leading specialised riding centres in the country Chigwell Riding Trust not only benefits people with special needs but also the entire community, giving opportunities for volunteering, school participation and practical experience for children and adults working with people and animals.

**Loughton Town Council is pleased to support the Chigwell Riding Trust
with its Charity Fun Run in 2018**.

**We can increase the value of your money at no extra cost to you if you tick the declaration below:** ***Please tick 🗸if you wish the Charity to receive Gift Aid.*** I would like **Chigwell Riding Trust 🞏** to claim tax on all donations I have made, I confirm that I am a UK Income or Capital Gains taxpayer. I understand that if I pay less Income Tax/or Capital Gains tax in the current tax year that the amount of Gift Aid claimed on all of my donations it is my responsibility to the pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given

**TERMS AND CONDITIONS**

It is important that everyone you are registering reads these terms and conditions and agrees to abide by them. By ticking the box below you are **all** accepting that you will follow the reasonable instructions of
Loughton Town Council and follow the rules of the fun run which will be notified to you on the day.

1. The organisers shall not be responsible for accidents, injury, loss or damage to persons or property as a consequence of participation in the fun run on the **29 April 2018.**
2. Children under 11 years **must** be accompanied by an adult.
3. Children between 11 and 15 years **must** have the agreement of their parents/carers (see below).
4. If you believe you have a medical condition which will affect your participation in the event, please seek medical advice before you register. You may wish to consider the option to take out medical insurance to cover your participation in the event.
5. It is not a race and is open to anyone who feels able to participate even if they wish to only walk the course.
6. Refunds will not be given if you are unable to attend, your entry fee will be treated as a donation to the charity.
7. Respect the countryside, do not disturb the wildlife and please pick up your rubbish.
8. Photographers and the press may be present to capture the event and for use in future publicity. Please politely decline if you do not want to be mentioned or seen in any publicity material.
9. The organiser reserves the right to change the route at its discretion.

I agree to the above conditions (sign here)………………………………............. Dated:…………………………

I give parent/carer consent for children I have entered under the age of 16 years (if applicable)

 (Sign here)…………………………………........... Dated:…………………………

**I do not wish to be mentioned or seen in any publicity material**: (*sign here if applicable*)…………………………………....

|  |
| --- |
| **AA Additional Entrants:**1. Name .................................................................................................Date of birth ........................(If under 16)

Door Number: ……………….. Post Code: ………………..2) Name .................................................................................................Date of birth ........................(If under 16)Door Number: ………………… Post Code: ………………… |

**Town Mayor’s 4 km Charity Fun Run Sunday 29th April 2018**

**Sponsorship Form and Gift Aid declaration form (Optional)**

**Please sponsor me (name of participant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Event: Town Mayor’s 4km Charity Fun Run In aid of: Chigwell Riding Trust Gift Aid 🞏**

**Chigwell Riding Trust** was the first riding centre for people with special needs in the world and has been established in Chigwell for over fifty years. Riding instruction is given to people of all ages and abilities. The riding centre has approximately 160 riders each week. As one of the leading specialised riding centres in the country, Chigwell Riding Trust not only benefits people with special needs but also the entire community, giving opportunities for volunteering, school participation and practical experience for children and adults working with people and animals.

If I have ticked ✓the box headed `Gift Aid’, on the registration form or above, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax/or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

**Remember Gift Aid Only: you must provide your name, address, postcode & ✓ Gift Aid for the charity to claim tax back on your donation.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Sponsor’s Full Name***(First name & surname)* | **Sponsor’s Home Address***(only needed if you are Gift Aiding your donation)* *Don’t’ give your work address if you are Gift Aiding your donation.* | **Postcode***(Please complete)* | **Donation Amount****£** | **Date Paid** | **Gift Aid***Please Tick* **✓** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |

**Please make cheques payable to `Chigwell Riding Trust’**

|  |  |
| --- | --- |
| **Total donations received** | **£** |
| ***For office use only*** | **Received by:** | **Amount:£** | **Date:** |