LTC JPG logo 2009

**Town Mayor’s 4km**

**Charity Fun Run**

**Sunday 12 May 2019 10.30am**

**(Registration from 9.30am)**

**Roding Valley Recreation Ground IG10 3BS**

**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** | **Cost** | **No.** | **Sub Total** | ***Official use only***  Runner(s) No(s): |
| Children & Students | £5 |  |  |
| Adults | £10 |  |  |
| Family (1 adult + more than 2 children) | £20 |  |  | |  |  | | --- | --- | | Amount due |  | | Name of Payer |  | | Amount rec’d |  | | Date rec’d |  | | Banking ref | R | | Budget code | 1003/301 | | Receipt No |  | |
| **TOTAL** | | |  |
| **Sponsorship form taken** *(please tick)*  **Yes 🞏 No 🞏** | | |  |

Please return cash/cheques with this form to: **Loughton Town Council, Loughton Library & Town Hall, Traps Hill, Loughton, IG10 1HD Please do not post cash.**

***Do not forget to collect your Running Number***

You may pay by cash/cheque in person (in advance) Debit/credit card 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***

**St Clare Hospice – Hand in hand we Care**

St Clare Hospice is a local charity and each year they care for hundreds of people across West Essex and the East Hertfordshire border. Providing free, compassionate care and support to adults with life-limiting illnesses, their families and carers.

**Loughton Town Council Mayor is pleased to support St Clare Hospice**

**With its Charity Fun Run in 2019**

**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 **St Clare Hospice** **🞏** 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 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.

**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 **12 May 2019.**
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 wildlife and please pick up your rubbish.
8. Photographers and the press may be present to capture the event and 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 ade 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) ……………………………………

|  |
| --- |
| **Additional Entrants:**   1. Name: …………………………………………………………………………… Date of Birth: ………………………… (if under 16)   Door number: …………………………… Post Code: …………………….   1. Name: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, Date of Birth: ………………………… (if under 16)   Door number: …………………………… Post Code: ……………………. |

Loughton Town Council, Loughton Library, Traps Hill, Loughton, Essex IG10 1HD Tel: 020 8508 4200 Email: [contact@loughton-tc.gov.uk](mailto:contact@loughton-tc.gov.uk)

**Town Mayor’s 4 km Charity Fun Run Sunday 12 May 2019**

**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: St Clare Hospice Gift Aid 🞏**

**St Clare Hospice – Hand in hand we Care**

St Clare Hospice is a local charity and each year they care for hundreds of people across West Essex and the East Hertfordshire border. Providing free, compassionate care and support to adults with life-limiting illnesses, their families and carers.

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 `St Clare Hospice’**

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