HYDE PARK, LONDON THURSDAY 5TH JUNE 2014 STARTS AT 6PM





Join us for a 5K Fun Run around the world famous Serpentine and raise funds for Little Havens Hospice.

Book now at www.havenshospices.org.uk/baton For more information contact Erika Patterson 01702 220 337 or epatterson@havenshospices.org.uk



Havens Hospices incorporates Fair Havens Hospice and Little Havens Hospic Registered Charity Number 1022119

Sponsored by



EVERY
KILOMETRE
MAKING EVERY
DAY COUNT



PLEASE COMPLETE ONE FORM PER BOOKING IN CAPITALS. YOU MAY PHOTOCOPY THIS FORM IF NEEDED. ALL TEAM MEMBERS/INDIVIDUALS MUST COMPLETE AND SIGN AN ENTRY FORM. ALTERNATIVELY, YOU CAN BOOK ONLINE AT WWW.HAVENSHOSPICES.ORG.UK/BATON

1 ENTRY D	ETAILS				
Title	First Name		Surname		
Team Name (if applicable)					
Company name					
Home Address					
Daytime Tel			Postcode	Э	
Age (on race day)	Mobile		DOB D D	
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2 ENTRY F Baton of		at £20.00 e	each	£	:
Daton of		I wish to donate £		al Payment £	:
				• No Refu	inds on Entry Fees
3 PAYMENT DETAILS - Please make cheques payable to Havens Hospices or you can book					
online at www.havenshospices.org.uk/baton or book via telephone using a credit or debit card please call Erika on 01702 220 337					
GIFT AID DECLARATION I want the charity to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify, I understand charity will reclaim 25p of tax on every £1 that I gave. PLEASE TICK DECLARATION Please enter me in the 2014 Baton of life. I am medically fit to run, and understand that the organisers, sponsors or an assisting person or persons will be in no way held responsible for any injury, illness, loss or damage to my person or property incurred during or as a result of the event, or for any damage caused by me to other persons' property. I understand that the organisers reserve the right to refuse entry for any reason.					
SIGNED			Date	e: D D M M	
How did you hea	r about this event				
DATA PROTECTION ACT Information contained on this form will be stored on computer by the race organisers. It may be made available to certain organisations and from time to time you may receive information about products, services and events relevant to runners. If you do not wish to receive such information, PLEASE TICK If you do not wish your details to be passed on to the official race photographer, PLEASE TICK I					
PLEASE SEND COMPLETED ENTRY FORMS ALONG WITH PAYMENT TO: Havens Hospices, Baton of Life, Appeal Office, Stuart House, 47 Second Avenue, Westcliff on Sea, Essex, SS0 8HX					

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