



#ByPHSSleepOut17

<b>Date of Event</b>	Friday 21 <sup>st</sup> April 2017	<b>Time of Event</b>	7pm to 7am
<b>Name</b>			
<b>Address</b>			
<b>Mobile Phone No</b>		<b>Emergency Contact Name:</b>	
		<b>Number:</b>	
Any medical conditions we need to be aware of? ( include allergies)			
<p>Please consider the following statements and confirm you agree:          Pay on line using the donate button on the website (<a href="http://www.byphs.org.uk">www.byphs.org.uk</a>) or cheques payable to "BYPHS"</p> <ol style="list-style-type: none"> <li>1) I enclose my £25 registration fee <input type="checkbox"/></li> <li>2) I am aware my fundraising target is in the region of £150 <input type="checkbox"/></li> <li>3) I have disclosed any medical issues that are relevant <input type="checkbox"/></li> <li>4) I am aware I need to wear warm and appropriate clothing and bring a sleeping bag <input type="checkbox"/></li> <li>5) I am aware that there are residential areas nearby so no loud music or talking late at night will be permitted <input type="checkbox"/></li> <li>6) I am aware I am required to stay from 7pm to 7am for the whole event <input type="checkbox"/></li> <li>7) I give consent for photographs/videos Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>8) I am aware the images will be used online and on social media to promote BYPHS <input type="checkbox"/></li> <li>9) I have read and agree to all the terms and conditions outlined in the fact sheet <input type="checkbox"/></li> <li>10) I do/do not have specific dietary requirements – give details <input type="checkbox"/></li> </ol> <p>_____</p> <ol style="list-style-type: none"> <li>11) I will submit all sponsorship money within two weeks of the event <input type="checkbox"/></li> </ol>			
<b>Signed</b>			
<b>Print</b>			
<b>Date</b>			

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