



**SightSupport**  
Hull & East Yorkshire

# Charity Abseil 2020

## Registration Form

Please complete this form (in BLOCK CAPITALS) and return ASAP to  
**SIGHT SUPPORT HULL & EAST YORKSHIRE, 466 BEVERLEY RD, HULL, HU5 1NF**

Please include your deposit of **£45**. Cheques should be made payable to  
"Sight Support Hull and East Yorkshire".

**Date of Abseil: Sunday 1<sup>st</sup> August 2021**

### Personal Details

<b>First Name</b>			
<b>Surname</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone</b>		<b>Mobile</b>	
<b>Email</b>			
<b>Medical Conditions</b>	Yes / No	<b>Visual Impairment</b>	Yes / No

**Are you being sponsored by/ representing a company or organisation?**

Yes  No

### Employer Details (if match funding)

<b>Company</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Contact Name</b>		<b>Telephone</b>	
<b>Email</b>		<b>Mobile</b>	

### Emergency Contact Details

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone</b>		<b>Mobile</b>	
<b>Relationship to you</b>			

## IMPORTANT

Please read all enclosed information and also read the following before sending in your registration form.

- ✓ I have read and agree to the terms outlined in the terms and conditions leaflet
- ✓ I accept that this information will be passed on to Lost Earth Adventures who are organising the challenge on behalf of Sight Support Hull & East Yorkshire.
- ✓ If the Participant is under 18 years of age then this form needs to be completed by a parent or guardian of the child.

(print name).....Signed.....Date.....

Where did you see this event advertised? (Your feedback is greatly appreciated, so please help us improve our promotion)

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