



Group Registration Form

Friday 29th September 2017

Group Leader's Details			
Title:	Full Name:		
Address:			
			Postcode:
DOB:	Email:		
Home Phone:		Mobile:	
Do you have any disability or difficulty we should be aware of? YES / NO (If yes please explain)			
Group discount (if registering at the same time) Group of 5 for £40 (each additional individual £8 p/p) Group of 10 for £70 (each additional individual £7 p/p)	I am paying the registration fee via BT MyDonate https://mydonate.bt.com		
	I am paying the registration fee by post chq payable to The Rainbow Centre		
	I am paying the registration fee in person		

Keep up to date

The details you provide will be processed in line with the Data Protection Act and held for the purpose of administering the Big Sleep Out. Please indicate if you are happy for your details to be used by us to contact you about the work of the Rainbow Centre including appeals and event information.

I am happy to receive further information about the Rainbow Centre.

I do not wish to receive further information about the Rainbow Centre.

Photos and filming

This event will be photographed and filmed for use by Folkestone Rainbow Centre. If you do not wish to be photographed or filmed please make the photographer/videographer aware on the night or speak to one of the organisers at the event.

I am responsible for all the people overleaf who are under 18 years of age during the event.

Signed:
(I am 18 or over)

Date:

Please return this form to Ali Chambers ali@rainbow-centre.org 01303 210559
Folkestone Rainbow Centre, 69 Sandgate Road, CT20 2AF

Additional Group Members' Details

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Title:	Full Name:
DOB:	Email:

Does anyone in your group have any disability or difficulty we should be aware of? **YES** / **NO**
(If yes please explain)