



Registration Form

Friday 29th September 2017

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)			
I am paying my £10.00 registration fee via BTMyDonate https://mydonate.bt.com/events/bigssleepout17			
I am paying my £10.00 registration fee by post . Cheque payable to The Rainbow Centre			
I am paying my £10.00 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 for 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/or filmed for use by the 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.

Under 18? Name of Parent/Guardian who will accompany you: (Please Note The person named here must sign this form)	
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, Folkestone CT20 2AF