



GROUP REGISTRATION FORM

FRIDAY 27TH SEPTEMBER 2019



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 my £10.00 registration fee via VirginMoneyGiving If you are online please go to our events page here	
	I am paying the registration fee by post chq payable to The Rainbow Centre	
	I am paying the registration fee in person	

The details you provide will be processed in line with the GDPR 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.

Keep up to date:

We will only contact you about the things you want to hear about, unless it is in the normal course of business. What information would you like to receive from us? (please tick **all** that apply)

- News** (including **volunteering** information, **updates** on our work, **newsletters** etc.)
- Events** (including **concerts**, **talks** and **sponsored events** like Big Sleep Out etc.)
- Campaigns** (**appeals** for food, donations, toiletries, **fundraising information**, etc)
- I **do not** wish to receive any information from you

How would you like us to communicate with you? (please tick **all** that apply)

- Email**
- Post**
- Phone**

You can amend your choices about how or what we contact you about, or stop receiving communications from us at any time by emailing enquiries@rainbow-centre.org or call 01303 210559.

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

Team Name:

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)

Photos and filming:

This event will be photographed and filmed for use by Folkestone Rainbow Centre. If you, or a member of your team 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 will be responsible for the supervision and care of all the individuals named above who are under 18 years of age during the event.

Signed:
(I am 18 or over)

Date: