

SOUTHEND HALF MARATHON
9:30AM SUNDAY 12TH JUNE 2016
EAST BEACH SHOEURY

SOUTHEND HALF MARATHON



Join us for Southend's premier running event. It's a lovely coastal route along Southend's seafront which is mainly flat and traffic free. Whether you are running to remember a loved one or to achieve a personal best every mile you run will be 'Making every day count' for the children, adults and families we care for.

For more information contact

Jane Hopkins on 01702 221658,

Sign up online NOW at

www.havenshospices.org.uk/southendhalf



Havens Hospices incorporates Fair Havens Hospice and Little Havens Hospice
Registered Charity Number 1022119

**EVERY RUNNER
MAKING EVERY
DAY COUNT**

OLYMPUS

Olympus KeyMed
in Support of the Community



Run to remember or run for fun

When a family has been told that there's no cure for their loved one's illness, that's where we can help. We're here to make the journey as comfortable as possible, controlling pain and medication, offering respite and caring for adults and children at the end of their lives. Our specialist care is free, for as long as is needed, within the home and at our two hospices.

We're a registered charity, not part of the NHS and receive limited government funding. Our hospices can only exist because of the support and generosity of the community.

Complete one form per booking in CAPITALS. You may photocopy this form if needed.

Alternatively you can book online at www.havenshospices.org.uk Entries are accepted on the day at an additional £5 cost.

1 ENTRY DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Club or Team Name (if applicable) <input type="text"/>					
Company name <input type="text"/>					
Home Address <input type="text"/>					
Daytime Tel <input type="text"/>				Postcode <input type="text"/>	
Age (on race day) <input type="text"/>		Mobile <input type="text"/>		DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Email <input type="text"/>	

Thank you for registering to take part in the Southend half marathon. As you have provided us with your details we want to make sure we contact you when you want to hear from us and send you the information you want to know. We communicate via email with all relevant and important updates regarding the Southend Half Marathon.

Please tick here if you wish to receive these emails: ☐

We would love to let you know about some of our other events which may interest you. Please tick here if you are happy to receive these: ☐

Just to let you know: We will only use your details for providing updates and information about the charity, your details are never sold to anyone else.

2 ENTRY FEES

Half Marathon (non-club affiliated):	<input type="text"/>	at £22.00 each	£	<input type="text"/>	:
Half Marathon (club affiliated):	<input type="text"/>	at £20.00 each	£	<input type="text"/>	:
I wish to donate £ <input type="text"/>			Total Payment	£	<input type="text"/>

I understand that pictures/ filming taken during the event may be used by Havens Hospices to promote the work the charity does in the future

GIFT AID DECLARATION

I want the charity to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give. **PLEASE TICK** ☐ *giftaid it*

DECLARATION

I have read the enclosed information and agree to the Conditions of Entry and confirm that I am medically fit to take part. The race organisers have the right to refuse entry for any reason.

SIGNED Date:

How did you hear about this event

DATA PROTECTION ACT

Information given will be treated in confidence and used for our administrative purposes only.

PLEASE SEND COMPLETED ENTRY FORMS ALONG WITH PAYMENT TO:

Havens Hospices, Appeals Office, Stuart House, 47 Second Avenue, Westcliff on Sea, Essex SS0 8HX
Leaflet code: U HM16 HH EV