

# Brighton Marathon 2012 Guaranteed Entry Registration Form



Name: Miss / Mrs / Ms / Mr / Dr \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Gender: Male  Female

Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Running Vest Size: small  medium  large  extra large

Occupation: \_\_\_\_\_

How much do you hope to raise?

How will you set about raising your sponsorship money? (Give an outline of your fundraising plans – dances, pasta parties etc; does your company offer matched giving?)

Have you ever raised funds for a charity before? If yes please give details.

Are you happy to be approached for media work:  No  Yes



Why have you chosen to run for Breast Cancer Care? (Please continue onto another sheet if you feel this would help your application)

So we can be more cost effective in our marketing please let us know how you heard about the Breast Cancer Care Brighton Marathon places?

Brighton Marathon Website

Breast Cancer Care Website

Breast Cancer Care newsletter

Breast Cancer Care Email

Other (please state) \_\_\_\_\_  
\_\_\_\_\_

**By signing this form and subsequently accepting a guaranteed place you have undertaken to raise a minimum of £500 sponsorship for Breast Cancer Care.**

From time to time Breast Cancer Care would like to inform you of our upcoming runs, events and fundraising activities. In order to do this we would kindly ask that you inform us of your preferences by ticking the relevant boxes. Please be reassured that Breast Cancer Care will not pass on your details to any other organisation or third party.

I am **happy** to receive information by **email**

I would rather **not** receive postal mailings

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:**  
**Sporting Events Team**  
**Breast Cancer Care**  
**5 – 13 Great Suffolk Street**  
**London**  
**SE1 0NS**  
or e-mail [sporting@breastcancercare.org.uk](mailto:sporting@breastcancercare.org.uk)

