



BUPA Great North Run 2012



Guaranteed Place Application Form

Full Name: Miss / Mrs / Ms / Mr / Dr

Address:

.....

Postcode:

Date of Birth:.....

Daytime Telephone No.....Mobile Telephone No.....

E-mail Address:.....

Running Vest Size: Male Female small medium large extra large

Please state if you have run a half marathon before and if so how many:.....

Expected finishing time:.....

Employer:.....

Occupation:.....

Position held:.....

How much do you realistically expect to raise?.....

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

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

If you are successful in your application are you happy to be approached for media work?

Yes No

If you were going to support a charity in the future which type of event would you be interested in?

1/2 Marathons Marathons Triathlons Walks Overseas Treks Cycling
Fashion Show Carol Concert

So we can be more cost effective in our marketing please let us know how you heard about the Breast Cancer Care Great North Run?

Great North Run Website Breast Cancer Care Website
Great North Run Magazine Breast Cancer Care Email
Breast Cancer Care Newsletter Other (Please State).....

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

By signing this form and subsequently accepting a guaranteed place you have undertaken to pay a £50 deposit (non refundable) and raise a minimum of £300 sponsorship for Breast Cancer Care.

I enclose a £50 cheque made payable to Breast Cancer Care

Please find my credit card details below

Payment by credit card

Card No.....

Card type Mastercard VISA Switch

Name on Card.....

Valid From.....Expiry date.....Issue No (Switch only).....

Signature.....Date.....



**Please return this form to Sporting Events Team
Breast Cancer Care, 5 – 13 Great Suffolk Street, Southwark, London
SE1 0NS**