

Turn your run into a fund run



# LEEDS 10K 2014

**Sunday  
20th July**

To register your place in the Leeds 10k this year, contact **Leeds Teaching Hospitals Charitable Foundation** on **0113 206 4540** or complete the registration form overleaf.



**Leeds Children's  
Hospital**

Registered Charity Number 1075308

[www.leedshospitalsfundraising.org.uk](http://www.leedshospitalsfundraising.org.uk)

# LEEDS 10K

## Sunday 20th July



**THIS FORM CAN BE PHOTOCOPIED AND USED TO APPLY. ONE FORM PER PERSON PLEASE. ALL FIELDS MANDATORY, PLEASE COMPLETE IN BLOCK CAPITALS.**

FULL NAME

ADDRESS

POST CODE

TELEPHONE

MOBILE

EMAIL

DATE OF BIRTH

AGE ON 20/07/2013 (MUST BE 15 OR OVER ON DAY OF RACE)

NAME OF PARENT/GUARDIAN (IF PARTICIPANT UNDER 18)

SIGNED

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

**NOTE:** Tick box if you **DO NOT WANT** to receive email updates and race details on this and future events. Your details will be stored for future mailings.

**SIGNED**

PRINT NAME

DATE

**SIGNED:** *Tick as applicable*

- General Entry £23  
 Running Club Members £23  
 Wheelchair Competitors £23

Athletes with physical special needs/disabilities other than wheelchair competitors please contact:

**fundraising@leedsth.nhs.org** for registration advice.

Do you wish to make a donation to your chosen fund?

- Yes  No

Race entry fee: £

Donation amount: £

Please make cheques payable to Leeds Teaching Hospitals Charitable Foundation.

If you are a UK tax payer, Gift Aid allows Leeds Teaching Hospital Charitable Foundation to claim tax back from HMRC on all your donations. For every £1 you give, they'll add an extra 25p from your taxes. It doesn't cost you a penny, just simply tick this box.

**Total amount paid: £**

We will provide a T-shirt to run in, please tick size required:

- Small  Medium  Large  X-Large

Predicted time:

Hr

Mins

Please tell us briefly why you have decided to run:

Please return to: Leeds Teaching Hospitals Charitable Foundation, Ground Floor, Trust Headquarters, St. James's University Hospital, Beckett Street, Leeds LS9 7TF. Tel: 0113 206 4540 Email: fundraising@leedsth.nhs.uk  
www.leedshospitalsfundraising.org.uk

I acknowledge that the event sponsors, race directors, or any person involved in the event shall not be liable for any injury, accidents, loss or damage suffered by me in, or by any reason of the event, however such may be caused. I am HEALTHY and have NO KNOWN medical conditions or any other reason why I should not participate in the event. Cashing your cheque confirms your entry into the race. In the event of cancellation for reasons beyond our control the entry fee will be donated to charity. If you would prefer to receive a refund please tick the following box:

By completing this form you consent to the collection, storage, processing and use of your personal information in accordance with the Data Protection Act 1998 or any amendment or replacement of the same