

Event registration form

**If you are planning an event to raise funds for us, please complete and return this form so we can help you in the best way we can.
Thank you.**

Title First Name Surname

Full Home Address

Postcode Email

Telephone

I am raising money for Buckinghamshire Healthcare NHS Trust Charitable Fund because:

.....
.....

Details of your event including date, time, location, event description etc

.....
.....

By submitting this form you confirm that you have read the 'Make your event safe and legal' section on the 'Fundraise for us' page on our website.

By entering my name and signature below I understand and agree that I am undertaking this event / activity at my own risk, and Buckinghamshire Healthcare NHS Trust Charitable Fund is not responsible for any risk, injury or loss that may result, and will not be liable for any claim which may arise from this activity.

Name Date

Signature

Please return this form by email to charity@buckshealthcare.nhs.uk or post to Buckinghamshire Healthcare NHS Trust, Charitable Fund, Amersham Hospital, Whielden Street, HP7 0JD

Data Protection We would like to keep you up-to-date with information about our fundraising appeals and charitable work.
Please tick here if you prefer us not to contact you by post ☐ by email ☐

Safe & compassionate care,

every time