

# ORCHIDRUN

## OWN PLACE RUNNERS APPLICATION FORM

Thank you for choosing to run for Orchid. We would be most grateful if you could please complete the form below so we have all your details recorded to ensure we can support you every step of the way with your fundraising and training for your chosen event. We hope that running for Orchid will be a great experience and we are extremely grateful for your support.

### Event Details

Event Name  Event Date

### Personal Details

Last name  First Name

Title  Date of Birth

Home address          Postcode	Email: <input type="text"/> Home: <input type="text"/> Mob: <input type="text"/> Work: <input type="text"/>
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**It saves us money if we can communicate with our supporters by email.**

Please tick here if you are happy to receive further emails from Orchid. You can opt out at any time.

### Running Vest

We will provide you with an Orchid running vest to wear on the day of the run. Please tick your size.

Ladies Small      
 Ladies Medium      
 Ladies Large   
 Mens Small      
 Mens Medium      
 Mens Large      
 Mens XL

### Why Orchid?

How did you first hear about Orchid? (please be specific) .....

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What made you want to run for Orchid? .....

.....

What are your fundraising ideas for the run? .....

.....

If running due to a personal link to male cancer would you be happy to provide a case study for the media or Orchid literature?

Yes  No

## Employer details

Company Name: .....

Position Held: .....

Company Address: .....

.....

Will your employer sponsor you? Yes  No

Match your fundraising total? Yes  No

## Medical Information

Running is a strenuous activity and the decision to take part in a running event should not be taken lightly. If you are not a regular runner you should seek professional advice about your fitness and training requirements.

## Conditions of entry

- All funds raised for Orchid through your fundraising must be payable to Orchid.
- All runners take part at their own risk.
- I consent to Orchid contacting me via telephone, letter or email for any matter relating to my participation in this event.

I have read and agreed to the above conditions.

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

## Data Protection

Orchid will not pass your details on to any other organisation. We will use the information you have supplied to communicate with you in line with the Data Protection Act 1998 and may contact you in the future about fundraising opportunities or news we think will be of interest to you.

Please tick this box if you DO NOT wish to receive contact from us in the future (please note: we will contact you regarding your application)

**Once we have received this completed form, we will send you out a fundraising ideas and training advice pack. Thank you for choosing to support Orchid and please don't hesitate to contact us for any further information.**

**PLEASE RETURN YOUR COMPLETED FORM TO:**

**Caroline Jennings, Events Fundraising Manager, Orchid, St Bartholomew's Hospital, London EC1A 7BE  
or email to: [events@orchid-cancer.org.uk](mailto:events@orchid-cancer.org.uk) For more information call: 020 3465 7293 or 020 3465 6143**