

Brighton Marathon 2019

Charity Place Application Form



Thank you for your interest in taking part in the Brighton Marathon 2019 for Pilgrims Hospices.

Things to know before filling out this form

- We only have a small number of guaranteed places in the Brighton Marathon, so unfortunately not everybody will be successful. The success of an application will be determined using the information provided within this form.
- We ask all our runners to pledge a minimum sponsorship of £500 for the Brighton Marathon (Not including Gift Aid)
- You will be notified on the success of your application after the October place allocation and the registration fee of £20 taken as necessary.

Personal details

Title: _____ First names: _____ Surname: _____

Gender: Male / Female Date of birth: _____

Home address: _____

Postcode: _____

Telephone (Day): _____ Telephone (Evening): _____

Email address: _____

Emergency contact name on the day: _____

Emergency contact number(s): _____

Name of company/employer: _____

Does your company have a match giving scheme that you can apply to in order to boost your fundraising? Yes / No / Not sure

Please complete the questions overleaf in order to aid Pilgrims Hospices in the application process

Declaration

I confirm that I would like to be considered for a charity place in the Brighton Marathon 2019. I confirm that all the information provided by me on this form is to the best of my knowledge true and correct. I understand that if any of the information provided by me on this form is found to be false I risk withdrawal from the Brighton Marathon and the loss of my registration. If I am successful in applying for an alternative Brighton Marathon place, I will let Pilgrims Hospices know as soon as possible. I accept that if I am allocated a charity place, I commit to raising a minimum sponsorship of £500 for Pilgrims Hospices.

Signed: _____ Date: _____

Questions

Please give details about the reason you would like to run the Brighton Marathon in aid of Pilgrims Hospices. _____

Are you running in memory of a loved one? If so, complete details below

Full name: _____ Relationship to you: _____

What is your sponsorship target? _____

Please list some examples of how you intend to raise this below:

Would you be happy for us to use your fundraising story in hospice publicity (e.g. to promote our marathon places)? Yes / No

Have you raised sponsorship before? If so, please give details: _____

Do you have any health conditions we need to be aware of? _____

How did you hear about our charity places in the Brighton Marathon?

What is your running vest size? _____

Please return your completed form via email to Robert.grew@pilgrimshospices.org or by post to

Att: Robert Grew, Pilgrims Hospices, 56 London Road, Canterbury, Kent CT2 8JA

Places will be allocated in late October and applicants notified as soon as possible thereafter.

We'd love to keep you informed of other exciting ways to support Pilgrims Hospices. If you're happy to receive this information by email, please tick this box We will never share your information with a third party.