

Wing Walking application form



Location: The Wing Walk Company, Shenley Rd, Headcorn, TN27 9HX

Thank you for your interest in taking on a wing walk challenge in aid of Pilgrims Hospices.

Things to know before filling out this form

- We ask all our wing walkers to pay a £40 deposit and to pledge to raise a minimum sponsorship of £650 (not including Gift Aid). This ensures that Pilgrims Hospices will receive a benefit of at least £260 after the costs of your wing walk. Deposits are non-refundable but count towards your sponsorship target.
- Our wing walking places are allocated on a first come, first served basis. Upon submitting this form, we will contact you regarding your requested date's availability and the deposit of £40 taken as necessary.

Personal details

Date: **Saturday 22 August 2020 / Saturday 19 September 2020**

Title: _____ First names: _____ Surname: _____

Gender: Male / Female Date of birth: _____ You must be at least 18 years old to take part in a wing walk.

Home address: _____
_____ Postcode: _____

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

Email address: _____

Emergency contact name on the day: _____

Emergency contact number(s): _____

Does your company have a match giving scheme that you can apply to in order to boost your fundraising?

Yes / No / Not sure If so, name of company/employer: _____

How did you hear about our Pilgrims wing walking? _____

Are you wing walking in memory of a loved one? If so, complete their details below

Full name: _____ Relationship to you: _____

Declaration

I commit to raising a minimum sponsorship of £650 for Pilgrims Hospices. I agree to forward at least 50% of my sponsorship (£325) to Pilgrims Hospices no later than 4 weeks before the date of my skydive. I understand that I take part in this event at my own risk and agree to abide by any terms and conditions of the event as agreed by the organisers (The Wing Walk Company and Pilgrims Hospices). I agree to follow any and all safety instructions given by the organisers before and during the event. By taking part in the event, I agree to Pilgrims Hospices using my name and any footage or photographs taken during my participation to be used in any future promotional material.

Signed*: _____ Date: _____

Please return your completed form via email to Lydia.Todd@pilgrimshospices.org or by post to

FAO: Lydia Todd, Pilgrims Hospices, 56 London Road, Canterbury, Kent CT2 8JA

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, sell or swap your details with a third party for the purposes of their own marketing or the monetising of your data.