



Bringing Care Home for 30 Years

# Transporter Bridge Abseil



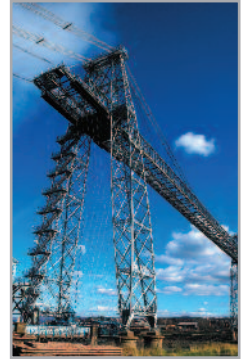
Are you brave enough to take the leap?  
**Saturday 10 October 2009**

For further information, please call 01633 271364,  
email [fundraising@stdaidsfoundation.co.uk](mailto:fundraising@stdaidsfoundation.co.uk) or visit [www.stdaidsfoundation.co.uk](http://www.stdaidsfoundation.co.uk)

## Registration form - Transporter Bridge Abseil

Are you brave enough to take part in our fundraising abseil. Why not come along and take the plunge from Newport Transporter Bridge, this is a great opportunity to get a unique view of one of Gwents most iconic landmarks.

- > The event is open to anyone over the age of 14 years, even if you have never abseiled before, full tuition will be provided by qualified instructors, so no previous experience is necessary,
- > On receipt of this entry form St. David's Foundation will issue sponsor forms.
- > We are suggesting that participants aim to raise a minimum of £75 to help the work of St. David's Foundation.
- > If you are interested, please complete the registration form below, and return it to: Fundraising Department, St. David's Foundation Hospice Care, Cambrian House, St. Johns Road, Newport. NP19 8GR
- > If you require any further information, please contact us on **01633 271364**, email [fundraising@stdaidsfoundation.co.uk](mailto:fundraising@stdaidsfoundation.co.uk) or visit our website [www.stdaidsfoundation.co.uk](http://www.stdaidsfoundation.co.uk).
- > **If an individual is younger than 16 years, please ensure a parent or guardian signs the disclaimer below.**



**Sponsor online: [www.justgiving.com/sdf/raisemoney](http://www.justgiving.com/sdf/raisemoney)**

Participant: Mr/Mrs/Miss/Ms	First Name	Surname
Address		
Postcode		
Telephone	Mobile	
Email		

**Please read and sign:** I understand that this is a sponsored event and will endeavour to raise sponsorship to support the work of St. David's Foundation. I certify that I release St. David's Foundation Hospice Care, and their agents, officials and volunteers for any injury / loss caused through my participation in this event. I take part entirely at my own risk. I agree that I should seek medical advice from my general practitioner if I am in any doubt as to my physical ability to participate in this event.

### Participant

Signed: \_\_\_\_\_ Date:     /     / 2009

### Parent / Guardian if child is under 16

Signed: \_\_\_\_\_ Date:     /     / 2009

Where did you hear about this event?

- Website
- Poster/Leaflet
- Word of Mouth
- Press
- Mail from St David's Foundation

Donor No. \_\_\_\_\_  
for internal use only

Going for Gold No. \_\_\_\_\_