

# The Robert Jones and Agnes Hunt Orthopaedic Hospital Charity



Registered Charity Number: 1058878

For Office Use Only:

Received: .....

Runner No. ....

## London Marathon 2018 Registration Form Running in support of the RJAH Charity

To help us offer you the best available support for your event or fundraising activity, please complete and send in this form.

How did you find out about our charity?

Title (Mr/Mrs/Ms/Miss/Other) ..... Name .....

Address .....

Postcode ..... Email .....

Daytime Telephone No ..... Mobile .....

Date of Birth: ..... Sex: .....

Occupation: ..... Company: .....

- I already have a place in the London Marathon 2018
- I have applied for a place through the London Marathon public Ballot but would like a charity place if unsuccessful
- I am applying for a Robert Jones and Agnes Hunt Orthopaedic Hospital Charity Golden Bond Place only

1. Do you have a personal reason for choosing our charity? (E.g. child health issue affecting family/friends)

2. How much do you pledge to raise for our charity? (N.B suggested minimum fundraising target for Golden Bond Places is £1,500)

3. Please describe ways in which you hope to raise this? (e.g. cake sales/disco/e-bay sales/matched funding from employer, etc)

4. Does your company provide matched giving? (e.g. They match the donation you make) Please give contact details.

5. Have you taken part in a fundraising event before? If yes, please give details:

6. Would you be willing to contact your local media to publicise your fundraising efforts and the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity?

7. What time are you hoping to run the marathon in? .....hours.....mins

*Please feel free to attach further comments on separate paper.*

DECLARATION OF INTENT FOR GOLDEN BOND APPLICANTS

I, ----- (name) confirm that if I am awarded a 2018 Robert Jones and Agnes Hunt Orthopaedic Hospital Charity Golden Bond Place, I would aim to raise a minimum of £1,500 and agree to abide by the following terms and conditions:

*I accept that the Golden Bond Place would be for my sole use and understand that I would be taking one of the limited RJAH Charity Golden Bond Places in the London Marathon 2018, which was purchased from the London Marathon Charitable Trust at a cost of £400.*

*I agree to run solely and exclusively for the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity, registered charity number 1058878.*

*By providing us with your personal details and information you consent to the collection and use of this information, as outlined in our privacy policy and in accordance with the Data protection Act 1988. On occasion this privacy policy might be updated, this will not be deemed to affect your consent, unless you specifically contact us to say otherwise. A copy of our privacy policy can be found at [www.rjah.nhs.uk](http://www.rjah.nhs.uk).*

*I pledge to raise a minimum of £1,500 for the charity and I understand that an update on fund raised will be required week commencing 11<sup>th</sup> December 2017 and that all money should be returned to the charity no later than 4<sup>th</sup> June 2018.*

*I agree to set up a fundraising page on the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity's JustGiving webpage and to collect and pay donations online. I will link my fundraising page to <https://www.justgiving.com/rjah/>*

*I understand that I have a responsibility for ensuring my own fitness to participate in the marathon and will declare all medical details below.*

*In the event that I become unable to compete, I will inform the charity as soon as possible.*

*I will be over 18 years old on 22<sup>nd</sup> April 2018.*

**I have read and understood the above terms of acceptance.**

Name (Block Capitals): ----- Date: -----

Signature: -----

Please indicate below if you have any pre-existing medical conditions or are on any medication.

Pre-existing medical conditions: -----

Details of any hospital treatment in last 12 months: -----

Medication Taken: -----

Do you have any allergies? -----

Please tick if you would like to receive:

Letter of Authenticity  Sponsorship Form  Leaflets  Collection Tin

Running Shirt:

**Preferred running top:** T-Shirt/Vest (please delete as applicable)

**Size:** XS (35")/ S (38") / M (40") / L (43")/ XL (45")/ XXL (48") (please circle)

*Space may be available on the T-Shirt sleeves for a sponsorship logo, please contact the Foundation Trust's Communications Team on 01691 404424 or at [communications@rjah.nhs.uk](mailto:communications@rjah.nhs.uk) for further details.*

**I apply to take part in this challenge and abide by the Conditions of Entry. I confirm to the best of my knowledge my general state of health and fitness is good. I take full responsibility for my fitness to take part.**

Signature ----- Date: -----

If you require assistance with completing this form please call 01691 404455

Signed, completed forms should be returned to:

Nicky McClelland  
RJAH Hospital Charity  
Finance Department  
RJAH Hospital NHS Foundation Trust  
Oswestry  
SY10 7AG

Or email a signed copy to [charitable.funds@rjah.nhs.uk](mailto:charitable.funds@rjah.nhs.uk)

Or fax a signed copy to 01691 404050 for the attention of Nicky McClelland

For Office Use Only: Accepted/Rejected -----

Notified -----