RIDER'S/STRIDER'S NAME:

…………………………………………………………………………..

FULL ADDRESS AND POSTCODE

………………………………………………………………………….

(Company name <u>not</u> accepted by Inland Revenue for gift aid reclaim, in place of home address)

NAME OF ADULT COUNTERSIGNING FOR ANY YOUNG PERSON AGED UNDER 18

Name ……………………………………………………………………….

Signature …………………………………………………………………….

Name of a church or chapel you wish to receive 50% of your sponsorship money:

…………………………………………………………………………….

A GUIDE NOTE TO MY SPONSORS:

I expect to visit ……. Churches/Chapels on September 11th, 2010

NOTES TO RIDERS AND STRIDERS

- Please follow the list of participating Churches/Chapels and those in neighbouring counties. If you wish to receive other county lists, please contact the number below.
- Please remember the Highway Code and read the safety leaflet enclosed. Please also wear the badge enclosed.
- **We remind riders and striders that they take part at their own risk. It is a condition of entry that, save to the extent required by law, the trustees of the Nottinghamshire Historic Churches Trust accept no liability in respect of injury sustained by any participant in the Sponsored Ride and Stride. If a participant wishes to have insurance he/she must make their own arrangements.**
- **Participation on any day other than the second Saturday in September is not part of the official event promoted by the Nottinghamshire Historic Churches Trust and is undertaken at the participant's own risk.**
- Please have this form signed at each Church/Chapel you visit. If the location is not staffed, please sign your own form and the register displayed at the Church/Chapel.

This form and all sponsorship money should be returned to your Church/Chapel representative or to the county organiser as soon as possible after the Ride and Stride. Cheques to be made payable to Nottinghamshire Historic Churches Trust.

<u>County Organiser:</u>

Mike Elliott, 19/21 Main Street, Keyworth,
Nottingham NG12 5AA
Tel: 0115 937 6506
Email: elliottnews@btconnect.com

Name of Sponsor (Must be stated clearly in CAPITALS)	**Sponsor's Address** (Must be stated clearly in CAPITALS)	**Sponsor's Post Code**	**I pay tax. Please claim a tax refund on my gift Please sign here**	**Amount per Church/Chapel visited**	**TOTAL RECEIVED**
Example				*Example*	
MR P SMITH	***3 BORDERS AVE KEYWORTH***	***NG12 5HJ***	***P S***	***50p***	***£5.00***
				TOTAL MONEY RAISED:	

Data Protection Act: This form will be held by the NHCT for six years. Our Gift Aid Claim to Inland Revenue will list just the name and the amount paid for each initialed or signed entry, and a reference number. Your address is required on this form for the purposes of Inland Revenue audit only; it will not be copied onto our database nor passed to any third party.