PARKINSON'S UK CHANGE ATTITUDES. FIND A CURE. JOIN US.

# Pedal for Parkinson's Stirling 2017

**Title:** _____ **First name:** _____

**Surname:** _____

**Address:** _____

_____ **Postcode:** _____

**Mobile:** _____

**Email:** _____

**Gender** (tick box): **Male** ☐ **Female** ☐

**Date of birth:** **Age:**

**Team name** (please add if you're cycling with others):

**Route** (tick box): **21 miles BLAST** ☐ **34 miles BLAZE** ☐ **51 miles BURN** ☐

Under the terms of the Data Protection Act, Parkinson's UK will retain and use the data you have provided for administrative purposes and to inform you of its fundraising and other activities. We will not pass on your details to any third parties. We hope you will want to remain in touch with our work, but if you would prefer **not** to receive future mailings, please tick this box. ☐

**Emergency contact details**

Please provide details for someone we can contact in the unlikely case of an emergency – this person **MUST NOT** be cycling with you on the day.

Name: Mobile:

Relationship to cyclist:

Where did you hear about Pedal for Parkinson's?

☐ Parkinson's UK Website ☐ Social Media

☐ Local Newspaper ☐ Local Radio

☐ Word of Mouth ☐ Other _____

**I enclose total entry fees of £_____**

**I enclose an additional voluntary donation of £_____**

**CASH** **CHEQUE** **CARD (please circle)**

**I have read and agreed to the terms and conditions** ☐

**Signature:** _____ **Date:** _____

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