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| 2018 Great North Run  Registration Form | **For office use only:**  Charity Place 🞎  Own Place 🞎  RE No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Contact details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | | |
| Surname |  | | | | |
| Date of birth |  | | | | Male / Female |
| Address |  | | | | |
|  | | | Postcode |  | |
| Home tel. |  | | Work tel. |  | |
| Email |  | | Mobile tel. |  | |
|  | | | | | |

1. **Race details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * 1. Have you received your own place in the Great North Run 2018? | | | | | | |
| 🞎 Yes, I have my own place and would like to use it to represent the MSA Trust | | | | | | |
| 🞎 Don’t know yet, but I have applied for a place direct with the race organiser | | | | | | |
| 🞎I would also like to apply for a MSA Trust (charity) place | | | | | | |
| Where did you hear about the MSA Trust? | | | | | | |
| 🞎 Event organiser’s website | 🞎Loved one | | 🞎Healthcare professional | | | |
| 🞎MSA Trust Events mailing | 🞎 Other, please specify: | | ……………………………. | | | |
| * 1. What is your anticipated finish time (hours/minutes)? | |  | |  |  |  |
|  | | **(Please be realistic!!)** | | | | |

1. **Charity place**

Please only complete the following section if you are applying for a charity place.

|  |  |
| --- | --- |
| **Each of our places costs the Trust money – we therefore greatly rely on the sponsorship raised to ensure we cover these costs and raise vital funds to help people affected by MSA.** | |
| 1. If you are applying for one of our charity places can you guarantee to raise the minimum sponsorship of £450?Please consider the financial commitment carefully - we will provide you with fundraising advice and support! | |
| 🞎Yes | 🞎No |
| 1. How would you plan to raise £450 of sponsorship, if successful? Please give as much detail as possible, for example, by outlining your fundraising ideas and the amounts you aim to raise. Please continue on a separate sheet if necessary. | |
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1. Connection to MSA

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| Please explain why you would like to take part in an event for the MSA Trust, e.g. you might have a personal connection to MSA. |

1. Employer support

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. What is your occupation? | |  | |
| * 1. Employer’s name & address: | |  | |
|  | |  | |
| Will your employer support you with your fundraising e.g. by making a donation or through a matched-giving policy? | | | |
| 🞎Yes | 🞎No | | 🞎Don’t know |

1. Fundraising materials

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **We encourage all of our runners and cyclists to wear our branded vests**  **to help increase awareness of both MSA and the work of the Trust.** | | | | | |
| * 1. Would you like to receive a free MSA Trust vest/t-shirt? | | | | | |
| 🞎Yes | | | 🞎No (I already have one) | | |
| If you have ticked yes, please circle your size: | | | | | |
|  | Small | Medium | Large | X Large | XX Large |
|  |  |  |  |  |  |
| * 1. In addition to sending you our sponsorship forms, we also have a free fundraising pack we can send to you, which includes general information about MSA and some fundraising tips and advice. Would you like to receive a fundraising pack? | | | | | |
| 🞎Yes | | | 🞎No | | |

1. **Media, photography and keeping in touch**

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| --- | --- | --- | --- | --- | --- | --- |
| * 1. We may like to use the information you have provided on this form to issue a press release to your local media to raise awareness of MSA, your fundraising and your connection to MSA.Are you happy for us to use your details in this way? | | | | | | |
| 🞎Yes | | | 🞎No | | | |
| * 1. Photography of the event may take place for publicity purposes. By taking part, participants give permission for images of themselves to be used in future publicity. If you would prefer your image not to be used please contact: [fundraising@msatrust.org.uk](mailto:fundraising@msatrust.org.uk) | | | | | | |
| * 1. Under the terms of the Data Protection Act, the MSA Trust 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. 🞎 | | | | | | |
| **Signed:** |  | | | | **Date:** |  |
|  | | | | | | |
| **THANK YOU FOR COMPLETING THIS FORM.** | | | | | | |
| **Please return to us at:** | | Fundraising Team MSA Trust  51 St Olav’s Court Lower Road  London SE16 2XB | | [fundraising@msatrust.org.uk](mailto:fundraising@msatrust.org.uk)  **Tel** 0333 323 4591 | | |
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