



The Place, Ducie Street, Manchester, M1 2TP

CHARITY ABSEIL 27th SEPTEMBER 2009

APPLICATION FORM

Ref No:

Please ensure you have read the Terms & Conditions. All details are optional but please include your name and the location of abseil. You have to be over 18 years of age unless fully supervised by a parent or legal guardian (see Consent Form).

Forename:

Address:

Surname:

D.O.B:
(dd/mm/yyyy)

Town/City:

Postcode:

Height:(Metres)

Weight:(Kilos)

Contact No:

Abseil Location:

Email:

Related to staff/
Student/family of
friend

Site/Hall
Residence

Next of Kin:

Tel No:

1.

2.

Please tick one of the following boxes below:

I enclose £25 Please makes cheques/Postal Orders made payable to The Opal Foundation.

I have donated £25.00 online

I will try to raise sponsorship Target amount £.....

I have created a justgiving fundraising page

Once registered, you will receive a full pack containing all you need to get you started.

Please ensure you fill in the additional health information sheet when submitting this application form otherwise your application will be rejected. If you have any questions or queries please contact us on:

Telephone no: 0161 233 2930
FAX: 0161 233 2931
Email: sandram@opalgroup.com
Website: www.opal-foundation.com

