

# LINC PEAK DISTRICT CHALLENGE

21<sup>st</sup> June 2008

## REGISTRATION FORM

Name:.....

Address:.....

.....

.....

Post Code:.....

Tel No:.....E Mail: .....

Are you part of a team Yes/No Team Name:.....

Do you have any medical problems? Yes / No

If yes please give details:

.....

.....

### Accommodation for Friday 20<sup>th</sup> & Saturday 21<sup>st</sup> June 2008

1<sup>st</sup> Choice:.....

2<sup>nd</sup> Choice:.....

I would like to take part in a shorter walk Yes / No

Would you be interested in going by mini bus? Yes / No

Registration Fee £30 to include LINC T Shirt, packed lunch and dinner on Saturday.

Please make cheque payable to LINC and return completed form to:  
LINC, Haematology Department, Cheltenham General Hospital  
Sandford Road, Cheltenham, Glos GL53 7AN