Maxse Walk Booking Form April 4th,5th and 6th 2014

Name:						
Email Address						
Address						
Telephone Number						
	Please circle	the days y	ou wish to	o wa	lk.	
		Full 3 da	ys			
		Or				
Friday	/ April 4 th		Full day	or	Half Day	
Saturda	ay April 5 th		Full day	or	Half day	
Sunday	y April 6 th		Full day	or	Half day	
Half day's walk plus Dogs £10 per day Three days' walk in Please note that hal transport back to th	cluding three f day walkers	pub lunch			organising their	own
Please pay online usi Name of account: Sort Code: Account No:	ing your full na	ame as refe	rence			
Or send a cheque ma Donations welcome Please indicate which equally. Children on the edge	n charities you	wish to su	oport or yo			ded
Gift Aid: Full address donation. I pay sufficient incom	required. I wo	uld like the	charities	to re		
SignaturePlease print out, fill in Or send to: Sally Marien,	i, scan the forn	n and ema	I to <u>salma</u>	<u>irien</u> (@gmail.com	