

St. DAVID'S FOUNDATION HOSPICE CARE



Bringing Care Home for 30 Years

# It's a Knockout Challenge

Supported by Rogerstone Community Council



Join us for an afternoon of laughter, fun and games  
**Sunday 6 June 2010**

The Welfare Grounds, Rogerstone, Newport. 12 noon onwards

For further information, please call 01633 271364,  
email [fundraising@stdavidsfoundation.co.uk](mailto:fundraising@stdavidsfoundation.co.uk) or visit [www.stdavidsfoundation.co.uk](http://www.stdavidsfoundation.co.uk)

## Registration form - It's a Knockout Challenge 2010

### ENTRY DETAILS

Teams should ideally be mixed and include up to 10 people. To take part you should be in good health and not suffering from any medical condition. Organisations may enter more than one team. Teams compete entirely at their own risk. The event will last approximately 3 hours and we will run 2, 3, 4, 6 or 8 games at a time depending on the number of teams entered. Each team will participate in each game once.

**Extra Points:** Extra points are also often awarded for the best-dressed team, best joker, best-behaved team and the team raising the most money.

### ENTRY FEE AND SPONSORSHIP

The entry fee is £50.00 with a minimum sponsorship of £650.00

(that's £70 per person) to support the work of St. David's Foundation Hospice Care. Sponsorship money can be handed in on or as near to the day as possible. St. David's Foundation Hospice Care T-shirts will be for sale on the day.

### ENTRIES

Entry is restricted to a minimum age of 16 years. There is a great demand for places and places are limited, entries will be accepted on a first come first served basis.

### RULES

**Team Briefing:** Teams should arrive at least 30 minutes before the publicised start time. It is compulsory for all participants to attend the safety briefing and the compere will also explain the event format. **Safety: We take safety seriously.** Participants must

remove all jewellery and should consult our paramedic about any injury concerns. Food, drinks and smoking are strictly prohibited in the games arena. All teams accepted for entry must abide with the Competition Rules and the entry details shown on this form.

### SPONSORSHIP

Sponsorship forms will be supplied with your entry confirmation. There are lots of ways to raise your sponsorship money, ask for our A-Z of fundraising ideas. Remember your Fundraising will help us provide our services.

### PRIZES

The **St. David's Foundation It's a Knockout Trophy** will be awarded to the winning team.

**Sponsor online: [www.justgiving.com/sdf/raisemoney](http://www.justgiving.com/sdf/raisemoney)**

**To enter:** Visit our website [www.stdavidsfoundation.co.uk](http://www.stdavidsfoundation.co.uk) or complete the registration form below and return it to: It's a Knockout Challenge 2010, Fundraising Department, St. David's Foundation Hospice Care, Cambrian House, St. Johns Road, Newport. NP19 8GR; or ring Nicky on 01633 271364.

Team Name	Representing	
Team Manager: Mr/Mrs/Miss/Ms	First Name	Surname
Address		
Postcode		
Telephone	Mobile	
Email		

I enclose a cheque for £50.00 (can be raised through sponsorship), as a non-refundable deposit (made payable to St. David's Foundation).

**Please read and sign:** We agree with the entry conditions above. We understand this is a sponsored event and, in addition to the entry fee, we will endeavour to raise the suggested team sponsorship of at least £650.00. As the Team Manager I hereby release St. David's Foundation Hospice Care, their agents, officials and volunteers for any injury/loss caused through our participation in this competition. We compete entirely at our own risk.

### Participant

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2010

### Parent / Guardian if child is under 16

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2010

Where did you hear about this event?

St. David's Foundation values your support and promises to respect your privacy. The data we gather and hold is managed in accordance with the Data Protection Act (1998). If you do not wish to receive any mail items from us. (Please tick)

Donor Number  
for internal use only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------