**Title (Mr/Ms/Miss/Mrs/Other):**

**First name: Last name:**

**Address:**

**Date of birth: Telephone/mobile:**

**Email: Insta Name (if applicable):**

**Emergency Contact *(this should be someone not taking part in the event)***

**Name:**

**Telephone:**

**Relationship to fire walker:**

**Entry fee:** Registration is £30 per person when fundraising for Trafford Carers Centre. This must be paid into our Firewalk account with your initial, surname and FW (example ‘A Smith FW’) as reference before you can participate. Your entry fee can be paid via bank transfer to:

**Account Name:** Trafford Carers Centre, **Sort Code:** 16-16-25, **Account Number:** 10120868.

All participants are required to raise a minimum of £100 in sponsorship.

***Terms and Conditions***\*I, the undersigned, (on behalf of any other mentioned persons) wish to take part in this event. I understand that this is done at my/our own risk and absolve Trafford Carers Centre from any injury caused by participation in this event. I understand that photographs will be taken of participants that may be used for promotion purposes in the future. If I do not wish to be photographed I will inform Trafford Carers Centre and the photographer on the day.

**Signature\*:**

**Date:**

**Please return your completed entry form to: Kirsty.parsons@traffordcarerscentre.org.uk**