

Full Name:

**Under 18?** Name of Parent/Guardian who will accompany you: (**Please Note** The person named here must sign this form)

Signed:

## Registration Form

## Friday 16 September 2022

Address:		
		Postcode:
DOB:	Email:	
Home Phone:	N	1obile:
Do you have any disability or di	fficulty we sho	uld be aware of? YES / NO (If yes please explain)
I will be paying my £10 registration Fee		Via Stewardship https://www.stewardship.org.uk/partners/BigSleepOut2022/oneoff
		By post chq payable to Folkestone Churches Winter Shelter
		In person
Photos and filming		
olkestone Rainbow Centre. If y	ou do not wish	for use by the Folkestone Churches Winter Shelter and/or to be photographed or filmed please make the t or speak to one of the organisers at the event.

Please return this form (with fee) to Linda Wilsher <a href="events@rainbow-centre.org">events@rainbow-centre.org</a>
Folkestone Rainbow Centre, 69 Sandgate Road, CT20 2AF

Date:

(I am 18 or over)