

katharine
house
hospice



embracing life and living

Cycling Challenge

Sunday 9th May 2010

MINI: 10 mile MIDI: 25 mile MAXI: 60 mile



Katharine House Hospice
Weston Road, Stafford, ST16 3SB
t: 01785 270808 f: 01785 247803
e: fundraising@khhospice.org.uk

www.khhospice.org.uk

Registered Charity No: 1011712

Kindly Supported by



Cycling Challenge

Sunday 9th May 2010

Cycling Challenge is set to return! There are three routes to choose from designed to meet the needs of cyclists of all ages and abilities.

MINI:

Distance: 10 miles

Description: This route utilises Stafford's off road cycle tracks, is mainly flat, almost totally off road and suitable for all the family.

MIDI:

Distance: 25 miles

Description: This route starts off on the cycle tracks heading towards the west side of Stafford then travelling south taking in the pretty villages of Church Eaton and Bradeley before returning to town.

MAXI:

Distance: 60 miles

Description: This route also starts out on the cycle track then goes west to the Shropshire borders before heading south past Weston Park and coming back to Stafford via Coven, Brewood and Bradeley.

An all road route will be made available for road riders.

By registering for the Cycling Challenge and raising sponsorship you are helping the hospice to care for its patients and their families. It costs £1.9 million annually to keep the hospice going so every penny really does count.

To take up the challenge simply fill in the form opposite and return it along with your registration donation to the hospice. Kids go free! But please do fill in their details so we know how many of you to expect. You can also register online at

www.khhospice.org.uk/shop or alternatively call the Fundraising Team on **01785 270808**. Once your registration is received we will send your fundraising pack which will help you make the most pounds for your peddling.



RIDER 1

Title: First name:
Surname:
Age (if under 16):
Address:

Postcode:
Email:
Tel Number:

Mobile:
(For safety purposes on the day)

Emergency Contact:
(Please provide details of someone we could contact in an emergency)

Emergency Contact Number:

Chosen Route (Please circle):
Mini £5 Midi £7.50 Maxi £10

RIDER 3

Title: First name:
Surname:
Age (if under 16):
Address:

Postcode:
Email:
Tel Number:

Mobile:
(For safety purposes on the day)

Emergency Contact:
(Please provide details of someone we could contact in an emergency)

Emergency Contact Number:

Chosen Route (Please circle):
Mini £5 Midi £7.50 Maxi £10

Please circle your preferred start time

9.30am 9.45am 10.00am 10.15am 10.30am 10.45am 11.00am

Where did you hear about the Cycling Challenge? (please be as specific as possible)

.....

Are you cycling in memory of someone? (Please circle) Yes No

If so who?What relation are they to you?

Registration Fee

I enclose a cheque payable to Katharine House Hospice

I would to pay by Mastercard/ Visa card

Card Number

Expiry Date /

When complete, detach this form and return to Katharine House Hospice by hand or via our freepost address: **Katharine House Hospice, Freepost MID 24268, Stafford, ST16 3BR.**

