

Are you ready to take on the

# CHARITY CHALLENGE

at  
Derbyshire County Cricket Club

on  
Sunday 12th September 2010



**Teams of Four Men, Women or Mixed**

**will**

**Tackle an Assault Course**

**Take part in command tasks**

**Take good aim in the shooting range**

Event completion certificate for all competitors

**£120 per team**

If you think you are up to the challenge and want to help  
Derby Hospitals Charity then register your team with Kerry Wood  
on 01332 786445 or email [kerry.wood@derbyhospitals.nhs.uk](mailto:kerry.wood@derbyhospitals.nhs.uk)



Derby Hospitals Charity

Registered Charity No: 1061812



# Derby Hospitals Charity Challenge

On receipt of this entry form we will send you a registration pack which will contain your sponsorship forms and all other important information relevant to you and your team.

Each team member will receive lunch, goody bag and event completion certificate.  
The winning teams will receive a trophy to keep.

All money raised from this event will benefit Derby Hospitals Charity.

Team Name \_\_\_\_\_

Team Leaders name \_\_\_\_\_

Participant 1 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No: \_\_\_\_\_ DOB \_\_\_\_\_

Do you have any medical conditions that we should be made aware of?  
Yes  No  If yes please give details \_\_\_\_\_

\_\_\_\_\_

Participant 2 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No: \_\_\_\_\_ DOB \_\_\_\_\_

Do you have any medical conditions that we should be made aware of?  
Yes  No  If yes please give details \_\_\_\_\_

\_\_\_\_\_

Participant 3 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No: \_\_\_\_\_ DOB \_\_\_\_\_

Do you have any medical conditions that we should be made aware of?  
Yes  No  If yes please give details \_\_\_\_\_

\_\_\_\_\_

Participant 4 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No: \_\_\_\_\_ DOB \_\_\_\_\_

Do you have any medical conditions that we should be made aware of?  
Yes  No  If yes please give details \_\_\_\_\_

\_\_\_\_\_

Please do your best to raise as much sponsorship money as you can as all money raised benefits the patients in YOUR local hospital.

If you would like your sponsorship money to benefit any particular ward or department please indicate this on your sponsorship form.

*Good Luck and Thank You.*

Please complete the registration form and return to:

Kerry Wood, Derby Hospitals Charity, Royal Derby Hospital, Uttoxeter Road, Derby, DE22 3NE

If you have any queries please contact Kerry Wood on 01332 786445 or Email [kerry.wood@derbyhospitals.nhs.uk](mailto:kerry.wood@derbyhospitals.nhs.uk)