

*"The best community event in  
Walsall in years" Tony Kemshall*

*"A fantastic event  
bringing us all together  
in a very special way"  
Edna Parkes*

*"I did it in memory of my Dad, it  
was a magical night" Tracy Wallis*

*"I was moved and uplifted by  
the event" Walsall Resident*

# Starlight Walk 2010

17th September 7pm official start

Charity No. 1022027

Register online now at [www.walsalhospice.co.uk](http://www.walsalhospice.co.uk)

**LEAMORE**  
  
**WINDOWS**  
& CONSERVATORIES



Walsall Council

**Express & Star**

**BBC WM**

95.6 FM | DAB

Join us on the 17th September for our annual Starlight Walk in Walsall Arboretum. The magical evening will start at 7pm, when participants will complete 5 circuits of the Arboretum, approx. 5.5 miles. The walk is suitable for people of all fitness levels, and the pathway is suitable for wheelchairs and prams. Dogs on leads are welcome too.

To register for the walk please complete the form below and return it together with your advance registration fees before the 10th September. Registration will cost £10 per family (Up to 2 adults and 2 children,) £5 per adult and £2.50 for extra children. You will then receive your information and sponsorship pack so that you can start getting sponsorship for the walk. All money you raise will go to help run the new hospice when it opens in February 2011. For more information please visit our website or call the fundraising team on 01922 423578

## Registration Form

Online Registrations available at [www.walsallhospice.co.uk](http://www.walsallhospice.co.uk)

Please Return to Walsall Hospice, Bentley Health Centre, Churchill Road, Walsall, WS2 0BA by 10th Sept. 2010

Lead Name \_\_\_\_\_ Other's in group \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Email \_\_\_\_\_ (Please Print Names)

## Payment

Total No. Adults \_\_\_\_\_ Total No. Children \_\_\_\_\_

I enclose a cheque for £ \_\_\_\_\_ made payable to Walsall Hospice OR

Please debit £ \_\_\_\_\_ from my:

Visa                      Mastercard                      Delta                      Solo                      (Please circle)

Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

3/4 Digit security code: \_\_\_\_\_ Switch/Solo issue no. \_\_\_\_\_

Valid From: \_\_\_\_\_ To: \_\_\_\_\_

## Walker's Declaration

I confirm that the information provided above is correct, and that it may be used to contact me by Walsall Hospice. I confirm that my group and I are fit to take part, and take responsibility for our own safety. I confirm that my group and I will wear suitable footwear, and that under 16's will be supervised by a responsible adult. My group and I will try our hardest to gain sponsorship for the walk, and will return it by 31/10/2010. I agree that my registration will only be accepted if accompanied by the correct registration fee.

Signed \_\_\_\_\_ Date \_\_\_\_\_