



GREAT
ORMOND
STREET
HOSPITAL
CHARITY

F1™ Challenge

Application form

THE F1™
CHALLENGE

JULY 2019
SILVERSTONE

Please indicate which day you would like to attend.

☐ Saturday 13 July 2019

☐ Sunday 14 July 2019

Your details (please complete all details below)

Title First name

Surname

Gender Date of birth //

Company (if applicable)

Address

Postcode

Country

Telephone (inc STD)

Mobile

Email address

Confirm email address

**Please return this
application form by
Friday 24 May 2019 to:**

Eve Weighill
Special Events team
Great Ormond Street
Hospital Charity
40 Bernard Street
London WC1N 1LE
E f1challenge@gosh.org
T 020 3841 3273

**Your place will be
confirmed by email.**

We (Great Ormond Street Hospital Children's Charity and its trading subsidiary Great Ormond Street International Promotions Limited) will always treat your personal details with the utmost care and will never sell or swap with other organisations for their marketing purposes. We will keep your data safe and private, holding the information you provide for communication, marketing, analysis and administrative purposes.

If you are happy to hear from us about news, fundraising, events, products from our shop and how your support is benefiting seriously ill children, please tick the relevant boxes below

☐ I would love to hear from you by telephone.

☐ I would love to receive emails.

☐ I would love to receive text messages.

We will send you postal information based on our legitimate interest to communicate with you, but rest assured you can stop receiving this, or change any of your preferences at any time by contacting us at **40 Bernard Street London WC1N 1LE**, telephone **0203 841 3131** or **supporter.care@gosh.org**. For full details of what information we hold and how we process your data, please visit **gosh.org/privacy**.

For office use only
F1 Weekend 2019

Sales - Tickets (GOSHCC Event)
EV02
SEV
UNGEN

SID:

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In order to reach and exceed your target of £300, we recommend that you do some pre-event fundraising to top up your bucket collection total. Please tell us about your pre-event fundraising plans.

Match funding

Does your company offer match funding? If yes, please provide the details of who we need to contact to process the match funding request.

Name	<input type="text"/>
Position	<input type="text"/>
Department	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone (inc STD)	<input type="text"/>
Email address	<input type="text"/>

Finally, if your application is successful, would you like us to organise a parking space for you at Silverstone?

Yes ☐ No ☐

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continued

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Declaration and payment details

I wish to become a fundraising volunteer for Great Ormond Street Hospital Children's Charity at the 2019 FORMULA 1 BRITISH GRAND PRIX at Silverstone.

I am committed to raising a minimum of £300 for this event.

Print name

Signed

Date

All volunteers are required to pay a £25 registration fee to secure their place.

☐ I enclose a cheque for my £25 registration fee made payable to Great Ormond Street Hospital Charity; or

I wish to pay my £25 sign-up fee by Visa ☐ MasterCard ☐ Amex ☐ Maestro ☐

Other (please specify)

Name on card

Card number

Expiry date

Start date

Maestro issue number

Security number

Print name

Signed

Date

**Please return this form to: Eve Weighill, Special Events team,
Great Ormond Street Hospital Charity, 40 Bernard Street, London WC1N
1LE. E: f1challenge@gosh.org T: 020 3841 3273**

We will inform you if you have been successful in securing a place by email.

Great Ormond Street Hospital Children's Charity. Registered charity number 1160024.