

# LONDON'S

**80ft abseil**  
**The London Piazza**  
**02 Arena, Greenwich**  
**26-27 March 2011**

# CALLING

**For more information please call 01604 687 768**  
**or email [londonscalling@stroke.org.uk](mailto:londonscalling@stroke.org.uk)**



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Abseiling is a great way to challenge yourself, whilst providing funds to support people affected by stroke. You don't need any previous experience to take part as full instruction will be given by our professional, friendly instructors. It's a truly memorable experience!

The money raised will be used to provide services for people affected by stroke and their families. Your support will help us to work towards our vision of a world with fewer strokes and where those affected by stroke get the help and support they need.

**Every participant must complete their own individual Entry Form. Please complete in block capitals.**

I would like to participate in the London's Calling abseil event on Saturday 26th or Sunday 27th March 2011 AND I PLEDGE TO RAISE A MINIMUM OF £85 in donations for The Stroke Association that I will either pay up front or bring with me on the day. Minimum age is 10.

Signed: .....

Date: .....

Name: .....

Address: .....

Postcode: .....

Tel: (Day) .....

Tel: (Evening) .....

Email Address: .....

T-shirt size XL  L  M  S

**Booking Enquiries on: 01604 687 768  
or email: [londonscalling@stroke.org.uk](mailto:londonscalling@stroke.org.uk)**

**To reserve your place please return this form and your registration fee to:  
London's Calling Abseil Event Team, The Stroke Association, 1 Sterling Business  
Park, Salthouse Road, Brackmills, Northampton, NN4 7EX**

I would like to take part on Sat 26th  Sun 27th

Please tick if under 18

How did you hear about this event?  
.....  
.....

REGISTRATION FEE PAYMENT - Deposit per individual: £10  
(please note this is non-refundable)

I enclose a cheque/postal order for £10 made payable to 'The Stroke Association'

Please debit £10 from my debit/credit card

Type: Visa / Mastercard / Switch (please delete as appropriate)

Card Number

Security Code (last 3 digits on signature strip)

Start Date  /  Expiry Date  /

Issue No (Switch only)

Card Holder's Name (As printed on the card)  
.....

Signature  
.....

Registered card address (if different to address given opposite)  
.....  
.....

#### DISCLAIMER

By completing this entry form you are agreeing to the rules of this disclaimer:

- All participants should satisfy themselves that they are fit to take part. If you have any doubts, please refer to your doctor.
- Participants must not be under the influence of alcohol. If you are taking medication which could cause drowsiness, please consult your doctor. The Stroke Association will take all reasonable care to ensure the event is conducted in a safe manner. Liability cannot be accepted for any damage, injury or loss arising from the negligence of participants (whether through failure to observe these rules or otherwise).

Signed

Name .....

(For participants under 16, a parent or guardian should sign)

The Stroke Association would like to keep you informed about the work we are helping to make possible. If you would prefer us not to contact you, please tick this box.

We will sometimes allow other organisations whose aims are in sympathy with our own to contact our supporters. If you do not wish to hear from these organisations, please tick this box.

If you would be happy to receive information about The Stroke Association's work by email, please enter your email address here:  
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[www.stroke.org.uk](http://www.stroke.org.uk)