

105KM "WALK FOR FREEDOM" APPLICATION ON {9-10TH AUGUST 2025 – FULL MOON THAT NIGHT}

APPLICANT INFORMATION										ISSUED CARD NUMBER.....									
First Name:					Surname:					Title:									
Date of birth:					Gender:					Mobile on Walk:									
E-																			
Street Address:																			
Town/City:					County:					Post Code:									
Nationality:					City of Birth:					Languages:									
TEAM OR GROUP INFORMATION																			
<i>Please for reasons of safety walk in a group with others, sharing navigation aids and mobiles:</i>																			
Team/Group Name:																			
Phone 1:					Name:														
Phone 2:					Name:														
Phone 3:					Name:														
EMERGENCY CONTACT																			
Next of Kin or Lawyer:																			
Address:										Phone:									
Town/City:					State:					Post Code:									
Relationship:																			
DISTANCES, DAYS, AND SPORTS T SHIRTS																			
Part Walk or Full Walk:										Part Walk? YES/NO					NO				
Brighton at 5:30? YES/NO					Saturday Walk? YES/NO					Saturday Night Walk? YES/NO									
Nearest Town: :					Train Stations:					Post Code:									
Sports T Shirt Size:		M	L	XL	XXL	T Shirts TBA @£15.00 each													
Entrance Fee Minimum (additional Donations Welcome): £25:00																			

AS A WALKER YOU WILL BE RAISING PUBLIC AWARENESS AND RAISING FUNDS TO HELP THOSE IN REAL NEED

- ❖ I confirm that I am fit and healthy enough to participate in this walk and that all risks taken will be by my own responsibility and mine alone. If in any doubt contact your doctor for advice now.
- ❖ I fully understand the need for suitable clothing, footwear, extra socks, food and drink for such an endeavour.
- ❖ I pledge to raise money by sponsorship or other donation from friends and professional connections. Any funds payable to "ZHRO Ltd" or use the QR Code
- ❖ Applicant Photo-Sponsorship forms will be supplied shortly – **SO PLEASE SUPPLY A PASSPORT TYPE PHOTOGRAPH, AND PURCHASE PROFESSIONAL SPORTS T SHIRTS FOR A NOMINAL FEE [ABOVE].**

sumup

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Date:

Signature: