*****Thank you for your interest in Glow in the Park 2015 in aid of Cornwall Air Ambulance. Please complete all sections of this form.*

**Title:** ……………… **First Name(s):** …………………………………………………..…………..…………………….

**Surname:** ………………………………………………………..……………………………………………..……………………………

**Address:** ………………………………………………………..……………………………………………..……………………………

 ………………………………………………………..……………………………………………..……………………………

 …………………………………………………………………. **Postcode:** ………………………………………………..

**Contact Number:** ………………………………………………**Mobile:** ……..………………………………………………………………

**Date of Birth:** ………………………………………………………………………………………………………………………………………………..

**Email Address:** ………………………………………………………..……………………………………………..……………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Small
 | * Medium
 | * Large
 | * Extra Large
 | * No T-Shirt
 |

**We would like you to provide you with a Cornwall Air Ambulance t-shirt to run in:**

**Size:**

**Are you happy for Cornwall Air Ambulance Trust to keep you updated on other events and send you our regular newsletter by email?**

|  |  |
| --- | --- |
| * Yes
 | * No
 |

 **Sign:** ………………………………………………… **Print:** …………………………………………… **Date:** ………………..

***PLEASE RETURN COMPLETED FORM:***

By post to: **Cornwall Air Ambulance Trust, Trevithick Downs, Newquay, Cornwall, TR8 4DY**

or by email to**: becky@cornwallairambulancetrust.org**