



Walk for Gawler Health 2017

Sunday 22 October

EVENT INFORMATION

Walk for Gawler Health
2017

The Event

Walk for Gawler Health is a major community fundraising event for the Gawler Health Foundation. This annual event has been staged since 2007 and raises funds for the purchase of equipment and projects for the Gawler Health Service. Walk for Gawler Health 2017 will be held on Sunday 22 October 2017. Participants will pay a fee to enter the walk. The entry fees are as follows:

- Adult \$20
- Student (12 years and under) \$5
- Family \$45
- Team 5 participants \$100
- Team 10 participants \$200

In 2017 we aim to raise \$10,000.

Gawler Health Foundation

The Gawler Health Foundation established in 2002, is a registered deductible gift recipient organisation raising funds for the Gawler Health Service.

The Foundation is an incorporated body, independent of the Gawler Health Service raising funds for projects and equipment to improve the quality of the services and experiences provided by the Health Service.

Sponsorship

We encourage participants to source sponsorship to support our fundraising efforts. All donations of \$2 and above are fully tax deductible and where requested donors will be issued with receipts for taxation purposes.

Registration

Participants are encouraged to pre-register by completing the attached forms. We will send you an acknowledgement of your registration. Registrations will be accepted on the day of the event. Participants can register as individuals, as a family or as a member of a team.

Timing

Participants are asked to report to the Registration area in Clonlea Park at 9am on Sunday 22 October.

The walk will commence at 9.30am, and registrations will not be accepted after 10am.

Walk Distance and Route

The walk route will start and finish at Clonlea Park. Participants are offered the option of participating in a 5km, 7.5km or 10km walk. The Walk will be suitable for participants of all ages and fitness levels!

Gawler Health Foundation
21 Hutchinson Road, Gawler East 5118
PO Box 196, Gawler SA 5118
P: 08 8521 2015 E: info@gawlerhealthfoundation.org.au



Walk for Gawler Health 2017 EVENT REGISTRATION



Please return this completed form to PO Box 196, GAWLER SA 5118
OR email to gawlerhealthfoundation@gmail.com

Name: _____ Business Name: _____

Your team name (if entering a team): _____ Team leader name (if entering a team): _____

Contact number: _____ Email: _____ DOB: _____

Address: _____

Emergency Contact person: _____ Phone: _____

Registration of Adults @ \$20 Child under 12 @ \$5 Family @ \$45
 Team of 5 @ \$100 Team of 10 @ \$200

In addition to the entry fee I would like to make a tax deductible donation to the Gawler Health Foundation

Donation amount: \$ _____

If you do not wish to receive any further information about the Gawler Health Foundation, please tick the box.

PAYMENT DETAILS

Please accept my total registration payment of \$ _____

Please debit my VISA Mastercard

Card Number: _____ Exp / _____

Name on card: _____ Signature: _____

If you are entering a team, please complete the Team Registration form and submit along with this Event Registration Form

Declaration

I hereby agree to participate in the Walk for Gawler Health 2017, to raise funds for the Gawler Health Foundation. I agree to represent the Gawler Health Foundation in a positive manner at all times. I hereby acknowledge the terms of participation and agree to observe them to the best of my ability.

Signed by the participant : _____ Date: _____

Parental/ guardian consent for participants under 18 years

I hereby consent to the participant detailed above, participating in Walk for Gawler Health 2017. I acknowledge that this participant must be accompanied by an adult at all times.

Signature: _____ Date: _____

Parent/ Guardian name (please print): _____ Phone: _____



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Walk for Gawler Health 2017 TEAM REGISTRATION

Please return this completed form to PO Box 196, GAWLER SA 5118
OR email to info@gawlerhealthfoundation.org.au

Use this form to register the details of each team member .



Team Name (as per Event Registration form):

Walk for Gawler Health
2017

Team Leader (as per Event Registration form):

Name:

Address:

Phone:

Emergency Contact:

Consent if under 18:

Name:

Signature:

Name:

Address:

Phone:

Emergency Contact:

Consent if under 18:

Name:

Signature:

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