CARE DAYS 1000km WALKER FORM

COLLECTING FOR: THE FRIENDS' HOSPICE TEAM

Sunday March 22nd 2026

MINIMUM Sponsorship €40 to enter 5km Care Days Fun Walk

Name: _____

Team Name: _____ Email: _____ Tel: _____

Name	Email Address:	Tel. Number	T-Shirt size

Please send a copy of this completed form by mid January with your name and details to: caredayscyprus@aol.com

For more information please call Charlotte: 99756877

www.caredayscyprus.com