CARE DAYS 1000km WALKER FORM

COLLECTING FOR: THE BREAST OF FRIENDS TEAM

Sunday March 9th 2025 - MINIMUM Sponsorship €40 to enter to enter 5km

Name: _____ Gender: _____

(Please tick) 5k __ 10km __ (€30 donation + €30 Logicom reg. fee) ½ __ (€30 donation + €45 Logicom reg. fee)

Full Marathon __ (€30 donation + €60 Logicom reg. fee)

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 CPSG/BoF to sue.currie@icloud.com or to any of the Friend's Hospice Charity shops.

For more information please call Andrew on: 96592252 or Charlotte: 99756877

www.caredayscyprus.com