

GCM'S Big City Sleepout

We are delighted that you would like to consider signing for The Big City Sleepout to raise funds to support the Gloucester City Mission. This is our 8th year of running this event but we hope to make this year's is our 20th Anniversary and we are hoping this will be our biggest and best sleepout by encouraging people to sleep out either at their workplace, church, school, back garden etc or even to sleepout at The Eastgate Shopping Centre.

www.gloscitymission.org.uk

This pack up consists of an General Event Registration Form, Further Information and a Sponsor Form.

REGISTRATION FORM:

- For a general event please complete the form attached and email it to kevin@gloscitymission.org.uk.
- For an organised event at The Eastgate please ensure you register <u>here</u>

SPONSORSHIP FORM:

Please encourage sponsors to Gift Aid their donations

- You can seek sponsorship using this form and then pay in face to face or send a cheque to the address below
- Or/and, you can ask for online donations to do this:

Go to;

FOR GENERAL EVENTS OR THE EASTGATE SLEEPOUT -

justgiving.com/campaign/bigcitysleepout23

Gloucester City Mission, Southgate House, Southgate Street, Gloucester. GL1 1UB



O You can either register as a Fundraiser for us and link to the event page that we have set up or you can encourage people to make online donations and in the Messages box leave a comment to say that the donation is for the Big City Sleepout.

The **Small** Print:

- All participants for the **organised events** must register and pay the registration fee in advance and aim to raise a minimum of £100.
- By taking part in Big City Sleepout you pledge to aim to raise funds towards the work of Gloucester City Mission
- You agree that you are participating in the event at your own risk and that the organisers are not responsible for any injury, loss or damage, which may occur to you or your property during the event.



Big City Sleepout in your workplace, school, church, garden, organisation (or anywhere else) Registration Form

Name:				
Address:				
Telephone:		Mobile:		
Email:				
Group/Organisation (If				
Applicable)				
Do you have any on-going				
medical conditions?				
(please include any				
allergies)				
How did you hear about				
this event?				
Location of Sleepout		Date of		
		Sleepout		
Photographs may be taken	during this event. Do you consent to pho	tographs bei	ing taken and used to b	oth
celebrate this event and pro-	omote future events raising funds for the	those in nee	d in Gloucester:	
				Yes/No
Emergency Contact				
Name:				
Address:				
(If different to above)				
Telephone:				
Relationship to		Mobile:		
Participant				
I agree to the terms as liste	ed on page 1 of this pack under the title "	Small Print'		
I would/would not like to f	find out added to the GCM email list to re	eceive newsl	etters and information	า
Signature:		Date:		
Please complete this section	on if you are under 18			
Date of Birth:				
Parent/Guardian's Details				
Name:				
Address:				
(If different to above)				
Telephone:		Mobile:		
I give permission for my chi	ild to attend the event with the following	nominated a	dult	
Adult Name:				
Relationship to child:				
Signature:		Date:		

Please return this form to kevin@gloscitymission.org.uk

Gloucester City Mission, Southgate House, Southgate Street, Gloucester. GL1 1UB