

# The Zip Slide Challenge - PRIORITY ENTRY FORM

Please complete and return this priority entry form as soon as possible to the address at the bottom of this form. Please note that places are limited and cannot be reserved by phone, therefore you are not registered for the Zip Slide until we receive this form.

**You need to be over 14 years to participate**, but thrill seekers under 18 must have this form signed by a parent or guardian.

## YOUR DETAILS

Mr/Mrs/Miss/Ms \_\_\_\_\_ Name in full \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Tel No(s) \_\_\_\_\_ Email \_\_\_\_\_

Please tick this box if you are a VSA employee or VSA project volunteer

## SPECIAL REQUIREMENTS

Having special needs or disabilities may not necessarily exclude you from taking part. Please state your disability here and we can check with the operating company:

If you are pregnant or suffer from any of the following medical conditions, please state here:

Epilepsy, Heart Condition, High Blood Pressure, Back Problems

**Please note that thrill seekers must not weigh more than 17 stone.**

## SPONSORSHIP PROMISE

I make a commitment to raise a minimum of £100 in sponsorship, which I will bring with me on the day in form of a cheque, payable to VSA. (Please note that post dated cheques, dated July 1<sup>st</sup> 2008, will be accepted to allow time to collect all pledges).

## SIGNATURE

Please sign here \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years old, signature of parent/guardian needed below

\_\_\_\_\_ Date \_\_\_\_\_

## REGISTRATION FEE

A registration fee of £10 applies. For under 18's, this fee is £5. Your fee must be enclosed with this form to secure your place. Please do not send cash in the post. Cheques should be made payable to VSA.

You do not need to have taken part in a Zip Slide prior to this thrilling event. Our instructors for the day come from a highly commended organisation which employs fully qualified, experienced instructors. The Glasgow Climbing Centre uses industrial technology and equipment to provide a proven, safe and adaptable activity.

The following information will help us plan future events.

Are you representing a company/organisation? YES/NO

If yes, please give details \_\_\_\_\_

How did you learn about this event? \_\_\_\_\_

Which local newspaper do you read? \_\_\_\_\_

Which local radio station do you listen to? \_\_\_\_\_

Now please return this form ASAP to Sheila Munro, Events Officer, VSA, 38 Castle Street, Aberdeen, AB11 5YU. You will receive your confirmation by return.

## *For office use only*

Date received \_\_\_\_\_

Date processed \_\_\_\_\_

Date pack issued \_\_\_\_\_

Unique SCAD no. SC \_\_\_\_\_