



# Ten Tors Challenge...with a difference!

## Registration Form

Registered Charity No 1119957

Name: (correspondence person)

Address:

Telephone Number:

Mobile Phone Number:

E-mail Address:

Number of people in your group children  over7  adults

Beginners....

Competent climbers/belayers.....

Experienced climbers/belayers.....

Member of Quay Climbing Centre....

Please indicate if someone in your group has Cystic Fibrosis. We can then try to ensure that you are not in the same session as another CF sufferer. (People with CF are not supposed to mix due to the risk of cross infection).

Please choose your session (1<sup>st</sup> come 1<sup>st</sup> served):

Monday 2<sup>nd</sup> July - 5-10 pm (5-6) (6-7) (7-8) (8-9) (9-10)

Wednesday 4<sup>th</sup> July - 12-5pm (12-1) (1-2) (2-3) (3-4) (4-5)

Sunday 8<sup>th</sup> July - 12-8pm (12-1) (1-2) (2-3) (3-4) (4-5) (5-6) (6-7) (7-8)

Enclosed \_\_\_\_\_ cheques for £5-£10 registration fee. Total £\_\_\_\_\_

Number of T-shirts needed \_\_\_\_\_ Sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Children's Sizes: Age: 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-11 \_\_\_\_\_ 12-13 \_\_\_\_\_ 14-15 \_\_\_\_\_

Please return this form and payment (cheques made payable to 'EDCF Quality of Life Fund') to:  
10, Rivermead Road, Exeter, Devon. EX2 4RL Telephone: 01392 434088

E-mail [denisemurphy@btinternet.com](mailto:denisemurphy@btinternet.com)

Don't hesitate to contact me if you require further information.

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Thank you for your kind support.

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