

# Sue's 4th Boobie Walk

In Aid Of



**SATURDAY 5<sup>TH</sup> JUNE 2010**  
**STARTING FROM THE PONTYGWINDY INN**  
**AT 11AM**

## OFFICIAL REGISTRATION FORM

**Name:** .....

**Address:** .....

.....

**Tel No:** .....

**Email:** .....

**\*NOTE:** Participants must be over 16 years old or be accompanied by an adult if under 16 years old.

**\*\*DISCLAIMER:** When you enter this event you accept full responsibility for your safety and any injury you sustain during the event. This is not the responsibility of the event organizers or the charity. You will know your limitations and will retire from the event rather than jeopardize your own safety.

**Please post this completed registration form to:**  
**Mrs Julie Smith MBE, Fundraising Department, Velindre Cancer Centre,**  
**Whitchurch, Cardiff, CF14 2TL or email it to:**  
[fundraising@velindre-tr.wales.nhs.uk](mailto:fundraising@velindre-tr.wales.nhs.uk)

**On receipt of your registration form, we will send you confirmation of your entry and a sponsorship pack**