

DOING YOUR OWN CHALLENGE



Whatever your challenge is, we can provide you with all the support you need to have an amazing time. Once you've registered your event with us, we'll send you a fundraising pack and free Teenage Cancer Trust top and we'll be here to help whenever you need us!

Under 18? Please ask a parent or guardian to sign it, and send it to:
Freepost RRHG-UZRK-XLEE, Teenage Cancer Trust, 93 Newman Street, London, W1T 3EZ
or email: challenges@teenagecancertrust.org

ALL ABOUT YOU

Title: _____ **First Name:** _____ **Surname:** _____

Date of Birth: _____ **Email:** _____

Phone Type: Mobile/Home/Work _____ **Daytime Contact Number:** _____

Address Type: Home/Work

Address: _____

Postcode: _____

ABOUT YOUR FUNDRAISING

Why have you decided to fundraise for Teenage Cancer Trust?

a. In memory of someone?
Were they supported by Teenage Cancer Trust? YES NO Prefer not to say

b. I have been inspired by a young person with cancer.
Were they supported by Teenage Cancer Trust? YES NO Prefer not to say

c. I have/had cancer?
Are/were you supported by Teenage Cancer Trust? YES NO Prefer not to say

d. I have been affected by cancer?

e. Teenage Cancer Trust is/was our Charity of the Year?
What is your organisation/group name? _____

f. I want to join friends and family who are also fundraising

g. I think it's a good cause?

h. Other (please specify) _____

We will keep a confidential record of your answer if you choose to tell us about your experience of cancer. We will take great care to safeguard this information, and process it according to the 1998 Data Protection Act.

EMPLOYER

Some employers operate a matched giving scheme. By letting us know who you work for, we can see if your employer does this. It's a really easy way to double your sponsorship!

Employer Name: _____

Your Job Title: _____

ABOUT YOUR CHALLENGE

1. How many events are you taking part in to raise money for Teenage Cancer Trust?

One? More than one?

2. What type of challenge are you taking on?

Name of the Event (Please specify): _____

Distance (if applicable): _____

Type of Event:

UK

Run Swim
 Cycle Skydive
 Triathlon Adrenalin
 Trek

OVERSEAS

Run Swim
 Cycle Skydive
 Triathlon Adrenalin
 Trek

Other (Please specify): _____

3. We think it's important that we support you from start to finish on your challenge. By letting us know when your challenge starts and ends, we can make sure we give you all the help and encouragement you need.

Date of your event? ___/___/___

What is the end date of event if different from start ___/___/___

4. Are you part of a team? YES NO

What is your team's name? _____

Who is the team captain? _____

5. How much do you expect to raise?

Up to £1500 More than £1500 I don't know yet

6. If you have an online fundraising page, please let us know the address

3. Encourage and motivate people to support the charity but also respect their right to decline. I will not conduct my fundraising in a way that could be perceived to be overly intrusive.
4. Be a trustee of any funds raised and ensure that all donations and sponsorship money from my event is paid to Teenage Cancer Trust within 30 days of the fundraising activity. I will inform potential donors if any amount or percentage of the funds I raise will not be paid to the charity.
5. Seek approval from the charity before creating and using materials to advertise my fundraising in aid of Teenage Cancer Trust. I will ensure that these materials contain the phrase "fundraising in aid of Teenage Cancer Trust" and the 'in aid of Teenage Cancer Trust' logo.
6. Ensure that all materials with the Teenage Cancer Trust logo include the text 'Registered charity in England and Wales (1062559) and Scotland (SCO39757)'.
7. Be responsible for managing risk, organising insurance and obtaining the relevant permissions for all aspects of my fundraising activity; including carrying out all necessary risk assessments.
8. Not approach, nor offer financial incentives to any celebrity, public figure or performance artist (or their agents and management) to endorse or take part in my fundraising activity, event or initiative without seeking approval from Teenage Cancer Trust.
9. Let Teenage Cancer Trust know before approaching any local or national companies for sponsorship, financial contribution or provision of goods or services for my fundraising activity.
10. Not smoke or drink alcohol when wearing a Teenage Cancer Trust badge, branded clothing or anything that could identify me with the charity.
11. Be responsible for any fundraising materials I request, and return them when they are no longer required.

I understand that Teenage Cancer Trust does not hold any responsibility for my fundraising activity and may terminate my right to raise funds at any time.

Own place fundraising activity: Where I have organised my own place in a third party event, I understand that I should seek medical advice from my general practitioner if I am in any doubt about my physical or mental ability to take part in this event. Teenage Cancer Trust cannot be held responsible for any injury or illness incurred during your preparation and/or participation in the event.

Publicity consent: Should Teenage Cancer Trust be provided with photographs, videos or information about your story, the charity may wish to use them in our published materials, such as our leaflets or on our website. Teenage Cancer Trust may also pass on your story, video or photograph to the media, such as your local newspaper, TV or radio station – where possible we will gain additional consent before sharing your story.

I understand that whilst Teenage Cancer Trust makes every effort to ensure that all media coverage portrays interviewees in a positive way, the charity does not have final control about how a journalist may portray me. I understand my right to ask to see any information held about me by Teenage Cancer Trust.

Your details will be kept in accordance with the Data Protection Act 1998. They will be held securely and confidentially and will only be accessed by authorised individuals.

I declare the information I have provided is true and understand and agree to the above.

Signed*

Date: ___ / ___ / ___

On behalf of _____ who is under 18 years of age.

*If you are under the age of 18 a parent or guardian will need to sign the fundraising agreement on your behalf.

Please email this form to challenges@teenagecancertrust.org or post to:

**FREEPOST RRHG-UZRK-XLEE
Teenage Cancer Trust
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020 7612 0370 | www.teenagecancertrust.org