

# F1™ Challenge Application form

### THE F1<sup>™</sup> CHALLENGE

JULY 2022 SILVERSTONE

I would like to volunteer on Sunday 3 July 2022 at the F1 Weekend

Y	our	detai	Is	(please complete	all	details	below)
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Title First name

Surname

Gender Date of birth / /

Company (if applicable)

Address

Postcode

Please return this application form by Friday 3 June 2022 to:

Caroline Shaikh
Special Events team
Great Ormond Street
Hospital Charity
40 Bernard Street
London WC1N 1LE
E f1challenge@gosh.org

Your place will be confirmed by email.

Country

Telephone (inc STD)

Mobile

**Email address** 

Confirm email address

We (Great Ormond Street Hospital Children's Charity and its trading subsidiary Great Ormond Street International Promotions Limited) will always treat your personal details with the utmost care and will never sell or swap with other organisations for their marketing purposes. We will keep your data safe and private, holding the information you provide for communication, marketing, analysis and administrative purposes.

If you are happy to hear from us about news, fundraising, events, products from our shop and how your support is benefiting seriously ill children, please tick the relevant boxes below

I would love to hear from you by telephone.

I would love to receive emails.

I would love to receive text messages.

We will send you postal information based on our legitimate interest to communicate with you, but rest assured you can stop receiving this, or change any of your preferences at any time by contacting us at **40 Bernard Street London WC1N 1LE**, telephone **0203 841 3131** or **supporter.care@gosh.org**. For full details of what information we hold and how we process your data, please visit **gosh.org/privacy**.

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continued

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In order to reach and exceed your target of £300, we recommend that you do some pre-event fundraising to top up your bucket collection total. Please tell us about your pre-event fundraising plans.

#### **Match funding**

Does your company offer match funding? If yes, please provide the details of who we need to contact to process the match funding request.

Name
Position
Department
Company
Address
Postcode
Telephone (inc STD)
Email address
Finally, if your application is successful, would you like us to organise a parking space for you at Silverstone?

Yes No



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continued

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#### **Declaration and payment details**

I wish to become a fundraising volunteer for Great Ormond Street Hospital Charity at the 2022 FORMULA 1™ BRITISH GRAND PRIX at Silverstone. I am committed to raising a minimum of £300 for this event.

Print name					
Signed					
Date		/			
All volunteers are	required	to pay a £25	registration fee to s	ecure their pl	ace.
l enclose a d Street Hosp	•	•	stration fee made p	ayable to Gre	eat Ormond
I wish to pay my £	£25 sign-u <sub>l</sub>	p fee by Visa	MasterCard	Amex	Maestro
Other (please specify)					
Name on card					
Card number		,		,	
Expiry date			Start date		
Maestro issue nu	mber	Securit	ty number		
Print name					
Signed		1	I		
Date					
Please return this for Great Ormond Street	t Hospital Ch		al Events team, d Street, London WC1N	1LE.	

We will inform you if you have been successful in securing a place by email.

Great Ormond Street Hospital Children's Charity. Registered charity number 1160024.