**ENTRY FORM - MOLASH CHARITY HORSE RIDE**

**10am-1pm, SUNDAY 12th SEPTEMBER 2021**

Please use **BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
| **1. NAME** | **MAIN CONTACT (RESPONSIBLE FOR THE TOTAL FEE PLEASE)** | Entry fee |
|  |  |
| Address |  | **Post code:**  | £ |
| Tel. no. |  |
| **email** |  | **Gift aid** agreed**\*** (pls tick) |  |
| **2. Name** |  | £ |
| Address |  | **Post code:**  |
| Tel. no. |  |
| **3. Name** |  | £ |
| Address |  | **Post code:**  |
| Tel. no. |  |
| **4. Name** |  | £ |
| Address |  | **Post code:**  |
| Tel. no. |  |

**Preferred starting time:** \_\_\_\_\_\_\_\_ **TOTAL FEE £ \_\_\_\_\_\_**

**Entry and ride fees NON-REFUNDABLE (**for **any** reason):

**£17** (17 & over), **£15** (16 & under) by **10TH** **SEPTEMBER 2021**

**BACS** PAYMENT to: **Molash P.C.C. Charity Ride**  Sort code: 600121 Acc.no. 76636259 Ref: “Molash Ride”

(**Main contact payer only please for the TOTAL amount**).

This form must be signed and returned to (scanned/photo) :- geoffjenkins195@gmail.com OR post to:

Mr. Geoff Jenkins, Kings View, Shottenden Lane, Molash, Canterbury, Kent CT4 8EZ

**BY POST**: If you wish to pay the total fees by cheque please enclose this with the signed form plus a stamped addressed envelope – to inform you of your start time and ride number. Send to the address above.
Otherwise, email will be used to inform riders of both. Email for all transactions/correspondence is preferred.

I have read the Conditions of Entry (on the website) and agree to abide by the Rules.

**\*Gift aid: Boost your donation by 25p of Gift Aid for every £1 you donate**Gift Aid is reclaimed by the charity from the tax you pay for the current year. Your address is needed to identify you as a current taxpayer. In order to gift aid your donations you must tick the box above.
I want to gift aid all the donations I have made from this tax year on. I am a UK taxpayer and understand that if I pay less Income Tax (and/or Capital Gains Tax) than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. You must sign this form to show you agree to your details being held securely by the parish and the diocese and being sent electronically to HMRC. They will be used for processing gift aid and for no other purpose.

**Signed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Main contact and total fee payer**)

 Parent or Guardian if under 18 years of age