



SUPPORTING  
RJAH  
HOSPITAL



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

The Robert Jones and Agnes Hunt  
Orthopaedic Hospital NHS Foundation Trust  
Oswestry, Shropshire SY10 7AG

Telephone: 01691 404588  
Email: [rjah.fundraising@nhs.net](mailto:rjah.fundraising@nhs.net)  
[www.rjah.nhs.uk](http://www.rjah.nhs.uk)

## London Marathon 2021 Registration Form Running in support of the RJAH Charity

**To help us offer you the best available support for your event or fundraising activity, please complete and send in this form.**

How did you find out about our charity?

Title: (Mr/Mrs/Ms/Miss/Other)

Name:

Address:

Postcode:

Email:

Daytime Telephone No:

Mobile:

Occupation:

Company:

I already have a place in the London Marathon 2021

I have applied for a place through the London Marathon public Ballot but would like a charity place if unsuccessful

I am applying for a Robert Jones and Agnes Hunt Orthopaedic Hospital Charity Golden Bond Place o

Registered Charity Number: 1058878

*Fundraising to deliver world class patient care*



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1. Do you have a personal reason for choosing the RJAH Charity?

2. How much do you pledge to raise for our charity? The minimum fundraising target for Golden Bond Places is £1,500

3. Please describe ways in which you hope to raise this? (e.g. cake sales/disco/e-bay sales/matched funding from employer, etc)

4. Does your company provide matched giving? (e.g. They match the donation you make) Please give contact details.

5. Have you taken part in a fundraising event before? If yes, please give details:

6. Would you be willing to contact your local media to publicise your fundraising efforts and the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity?

7. What time are you hoping to run the marathon in? .....hours.....mins

*Please feel free to attach further comments on separate paper.*

Registered Charity Number: 1058878



DECLARATION OF INTENT FOR GOLDEN BOND APPLICANTS

I, -----(name) confirm that if I am awarded a 2021 Robert Jones and Agnes Hunt Orthopaedic Hospital Charity Golden Bond Place, I will raise a minimum of £1,500 and agree to abide by the following terms and conditions:

*I accept that the Golden Bond Place would be for my sole use and understand that I would be taking one of the limited RJAH Charity Golden Bond Places in the London Marathon 2021, which was purchased from the London Marathon Charitable Trust at a cost of £400.*

*I agree to run solely and exclusively for the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity.*

*By providing us with your personal details and information you consent to the collection and use of this information, as outlined in our privacy policy and in accordance with GDPR. On occasion this privacy policy might be updated, this will not be deemed to affect your consent, unless you specifically contact us to say otherwise. We will use photos on social media and will share your details with other members of the 2021 running team.*

*I pledge to raise a **minimum** of £1,500 for the charity and I understand that I will need to update RJAH Charity on funds raised from confirmation of my place until October 2021 when all monies must be received by.*

*I agree to set up a fundraising page on the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity's JustGiving webpage and to collect and pay donations online. I will link my fundraising page to <https://www.justgiving.com/rjah/>*

*I understand that I have a responsibility for ensuring my own fitness to participate in the marathon and will declare all medical details to VLM.*

*In the event that I become unable to compete, I will inform the charity as soon as possible and understand that I will lose my place for 2021.*

*I will be over 18 years old on 3<sup>rd</sup> October 2021.*

**I have read and understood the above terms of acceptance.**

Name (Block Capitals):

Date:

Signature:

Registered Charity Number: 1058878



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We agree to supply you with a running top:

Running Shirt:

**Preferred running top:** T-Shirt/Vest (please delete as applicable)

**Size:** XS (35")/ S (38") / M (40") / L (43")/ XL (45")/ XXL (48") (please circle)

I apply to take part in this challenge and abide by the Conditions of Entry. I confirm to the best of my knowledge my general state of health and fitness is good. I take full responsibility for my fitness to take part.

Signature

Date:

Signed, completed forms should be returned to:

RJAH Charity  
RJAH Hospital NHS Foundation Trust  
Oswestry  
SY10 7AG

Or email a signed copy to [rjah.fundraising@nhs.net](mailto:rjah.fundraising@nhs.net)

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