**Oxford City Amnesty International Sponsored Walk**

**REGISTRATION FORM 2017**

Please return this registration form to [amnestywalks@oxford-amnesty.org.uk](mailto:amnestywalks@oxford-amnesty.org.uk) to receive a registration number and your Sponsorship Form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Age (if under 18):** |  |
| **Address:** |  | | |
| **Phone Number:** |  | | |
| **Email:** |  | | |
| *Please send me information on the Amnesty International Oxford City local group.*   * Yes □ No | | | |

|  |  |
| --- | --- |
| **Emergency Contact Name and Number:** |  |

**Please list any medical conditions, allergies or other important information that may be needed in case of an emergency:**