**Oxford City Amnesty International Sponsored Walk**

**REGISTRATION FORM 2017**

Please return this registration form to amnestywalks@oxford-amnesty.org.uk to receive a registration number and your Sponsorship Form.

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

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