## Huntingdon MS Therapy Centre East Coast Ride Out

Entry Form



| Name:                                    |                   |                       |                                   |
|--|-------------------|-----------------------|-----------------------------------|
|  |                   |                       |                                   |
| Phone Number:                            |                   |                       |                                   |
| Email:                                   |                   |                       |                                   |
| Motorcycle                               |                   |                       |                                   |
| Make:                                    |                   | Model:                |                                   |
| Reg:                                     |                   | Year:                 |                                   |
| Pillion YES/NO (delete a                 |                   |                       |                                   |
| Food Choice                              | Rider             |                       | Pillion                           |
| Bacon in a roll                          |                   |                       |                                   |
| Sausage in a roll                        |                   |                       |                                   |
| Vegetarian option Please send £10.00 Bac | s payment to u    | sing your Reg numb    | er as a reference to              |
| Santander, BRoW4 Busi                    |                   |                       |                                   |
| I would like to give an ac               |                   |                       |                                   |
| Total £                                  |                   |                       |                                   |
| Gift Aid YES/NO (delete                  | as appropriate    | )                     |                                   |
| Sign and date if you hav                 | e circled "yes" f | or gift aid as above) |                                   |
| Signature                                |                   | Date                  |                                   |
| You must pay an amoun                    | t of income tax   | and/or capital dains  | tax at least equal to the tax the |

You must pay an amount of income tax and/or capital gains tax at least equal to the tax the charity reclaims on your donations in the appropriate tax year (currently 25p for each £1 you give)

## Please post completed form/s to Anna Dutton, Bike Fest c/o 113 Thongsley Huntingdon PE29 1NT

## by September 9th 2023

Huntingdon, Peterborough & Cambridge MS Therapy Centre is a charity registered in England (800849)

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Registered Office: Bradbury House, Mayfield Road, Huntingdon, PW29 1UL