


Be a  
**Gunner.**  
Be a  
**Runner.**



# Be a Gunner. Be a Runner.

## Application form

Keep the magic alive

**13 March 2010**

Emirates Stadium, London

**10 laps of the stadium (6.2k) – entry fee £15**

### Your details (\*denotes mandatory field)

Title\*  First name\*

Surname\*

Gender  Date of birth\* //

Home address\*

Town/city\*

County\*

Postcode\*

Telephone\* (inc STD)

Mobile\*

Email address\*

**Please return this application form to:**

Arsenal Team  
Great Ormond Street  
Hospital Children's Charity  
40 Bernard Street  
London WC1N 1LE

If you have any queries  
call the Arsenal Team  
on 020 7239 3160.

**We'd love to keep you up to date with all our news. Please tick this box if you are happy to hear from us by email  or by telephone .**

The charity will hold the information you give us for administration purposes. If you do not wish to receive news or appeals from the charity in the future please contact us at Supporter Services, Great Ormond Street Hospital Children's Charity, 40 Bernard Street, London WC1N 1LE. Donations to the charity support the work of Great Ormond Street Hospital for Children NHS Trust and research undertaken by UCL Institute of Child Health. If you would prefer to not receive information about other services which will benefit the charity or allow other charities or organisations to write to you, please tick this box .

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# Payment details

I enclose a cheque made payable to Great Ormond Street Hospital Children's Charity for

£

**Please note** that CAF cheques cannot be used as payment for tickets but can be used to make a donation to the charity.

I wish to pay by Visa  MasterCard  Amex  Maestro

Other (please specify)

Name as it appears on card

Card number

Expiry date  /  Start date  /

Switch issue number  Three digit security number

Print name

Signed

Date  /  /

