



# FACE A FEAR

ST. MICHAEL'S HOUSE

## REGISTRATION FORM

DATE OF REGISTRATION

### REGISTRATION INFORMATION

/   /

Name :

Address :

Email :

Contact Number :

Are you an individual or a group?

☐

Individual

☐

Group

What Fear will you Face?

Date of your Event

/   /

What is the name of your iDonate Page?

Have you registered your online fundraising page with iDonate? ([www.idonate.ie/stmichaelshouse](http://www.idonate.ie/stmichaelshouse))

Unit/Service you are fundraising for

Please be advised that information provided on this registration form will be held on file for a period of 24 months from the registration date for auditing purposes. The retention and storage of information is line with GDPR best practice. Please tick the box to acknowledge your compliance with this requirement.

☐

I acknowledge my information will be kept for 24 months in adherence with GDPR best practice.

**THANK YOU FOR REGISTERING YOUR EVENT**

Share your Face a Fear Event with St. Michael's House online

