

# Friends of Langport Surgery *Monthly Lucky Numbers Club*

**1<sup>st</sup> Prize £50.00, 2<sup>nd</sup> Prize £25.00, 3<sup>rd</sup> Prize £10.00.**



We are excited for you to join the FoLS Lucky Numbers Club! Your support will help the FoLS raise funds for valuable equipment and events at Langport Surgery, as well as giving you the chance to win one of three cash prizes.

Full Name	
Address	
Contact Number	
Email	

### Rules and Important Information:

1. The draw for the previous month takes place at the Monthly FoLS Meeting. (for example, January's draw will be completed in February, once all applications are in)
2. You can join Lucky Numbers at any time! To be in with a chance of winning in the next draw, be sure to **submit your form to Reception, Langport Surgery** by the last working day of the month.
3. The minimum age limit for participants is 18.

### How much does it cost?

1. All subscriptions are for a 12-month period, and you will be in with a chance of winning each month during that period.
2. Subscriptions are **£1 per month** and there is no limit to the number of entries you may have each month.

### Number of entries per month (please tick ✓):

- x1 entry per month (£12.00)  
 x2 entries per month (£24.00)  
 x3 entries per month (£36.00)  
 x4 entries per month (£48.00)  
 x5 entries per month (£60.00)  
 Other (Please specify) x \_\_\_\_\_ (£ \_\_\_\_\_)

### Payment has been made via (please tick ✓):

- Cash  
 Cheque  
 Bank Transfer
- Account Name: **Friends of Langport Surgery**  
 Account Sort Code: **60-12-34**  
 Account Number: **37070711**  
 REFERENCE: **LN24-\*your name\***

### Please confirm (please tick ✓):

- I consent to being contacted by FoLS **via email** each month to update me on whether I have been Lucky. (To receive these updates, please ensure you have provided us with the appropriate email above.)  
 I consent to my name being displayed in the surgery along with my winning number.  
 Please add me to the mailing list for the Virtual Patient Participation Group so I may contribute to patient surveys and learn about volunteering opportunities at Langport Surgery events.

I confirm I have read the rules and important information and understand that my number(s) will be entered in a monthly prize draw. I agree to abide by the judgement of the FoLS Committee in the running of this, the FoLS Lucky Numbers Club, Competition.

\_\_\_\_\_ (Signed) \_\_\_\_\_ (Date)

