



## Own Place Event

Details of event: \_\_\_\_\_

Event date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact number: \_\_\_\_\_

Your story / reason for supporting ART:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to Sam Van Niekerk by email [sam@autismresearchtrust.org](mailto:sam@autismresearchtrust.org) or post:

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