



Freedom for disabled people on the water

WILLOW TRUST SPONSORED WALK

www.willowtrust.org

SUNDAY 15th SEPTEMBER 2024
10am from the main Car Park,
Saul Junction, GL2 7LA

Print off a form at www.willowtrust.org, ask our
skippers or e-mail admin@willowtrust.org

1. The Walk will start with a short cruise on board one of the Willow Trust boats departing from our mooring at Saul Junction, next to Junction Bridge.
2. The Walk is led and is approximately 4 miles long with some stiles (dogs may need lifting over some). It is a pleasant mainly flat walk along footpaths, finishing up at our mooring.
3. If you wish to enjoy a longer walk, it is approximately 2 miles extra along the towpath from Saul Junction to Splatt Bridge (make sure to be at Splatt by 10.30am to meet the boat and join the main walk).
4. In all the cruise and walk will take around 2½ hours.
5. There will be squash and biscuits, on the boats, at the end of the walk.
6. Dogs are welcome but should be kept on leads.
7. There is a café at Saul Junction for a light lunch after the walk plus a variety of pubs in the vicinity.

In order to give us a rough idea of numbers it would be helpful if you could let us know if you are coming but, otherwise, please just turn up on the day.

THE WILLOW TRUST



Freedom for disabled people on the water

11A Whiteway Court
Whiteway Farmhouse
CIRENCESTER
GL7 7BA
Tel: 01285 651661
www.willowtrust.org

Please sponsor: of:

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who is participating in a Sponsored Walk in aid of the Willow Trust
on Sunday 15th September 2024 at 10am

Each year, 7,000 children and adults with disabilities and serious illnesses spend a day on the Gloucester – Sharpness Canal on board the Willow Trust’s two specially built boats. **Nobody pays.** All sponsorship money raised will be used to continue the work of the Trust.

PLEASE BE GENEROUS IN YOUR SUPPORT.

GIFT AID: If you are a UK tax payer we are able to claim back 25p for every £1 you donate. **To allow us to claim this back, please do let us have your full name and address & tick the box.**

NAME	ADDRESS	AMOUNT	Gift Aid

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