

Registration Form

Headway South African Cycle Challenge: Port Elizabeth - Capetown



PERSONAL DETAILS

Title: _____

Name(s) _____

Surname: _____

Address: _____

Date of Birth (must be over 18):

Sex (M/F) _____

Mobile Phone _____

Email address: _____

NEXT OF KIN Title: _____

Name(s): _____

Surname: _____

Address: _____

Relationship: _____

Phone (day): _____

Phone (mob) _____

PASSPORT DETAILS NB: Passport must be valid for 6 months after date of travel

Name (as on passport) _____

Passport Number _____

Expiry Date _____

Place of Issue _____

Date of Issue _____

Nationality _____

Country of Residence _____

INSURANCE Do You have travel insurance* Yes No

*Travel insurance is mandatory. Clients are responsible for ensuring that they are in possession of private Travel Insurance with protection for the full duration of the tour in respect of at least medical expenses, injury, death, repatriation, cancellation and curtailment, with adequate cover.

CYCLE JERSEY

Tick size req. Size XS S M L XL XXL 3XL 4XL

DIETARY REQUIREMENTS

Do you have any special dietary requirements? Yes No If yes, please give details. Please note we can only cater for allergies not preferences

ACCOMODATION:

PLEASE NOTE: All accommodation will be shared.

Do you have a preference for who you wish to share with? Yes No

Please specify name _____

There are a limited number of single rooms available at a supplementary cost. If you wish to have a single room and are happy to pay a supplement of €140 please tick here. _____

We will endeavour to accommodate each single room request but as there is limited availability they will be handled on a first come first served basis.

During the fundraising time before the event your fellow participants may wish to contact you. If you agree to have your email shared with the other participants ONLY please tick here _____

I have read and agree to abide by the challenge rules in the accompanying event brochure which I understand may change from time to time and be posted on the web site www.headway.ie.

In particular, I have read and agree to the terms of the Waiver at clause 16.

Signed: _____ Date: _____

DEPOSIT PAYMENT DETAILS I enclose a cheque for the amount of €300 made payable to Headway, Brain Injury Services& Support

Please charge €300 to my (Tick as appropriate) VISA MASTERCARD LASER Credit Card Number

Exp Date

CVV No _____

Name on Card _____

Address Of Cardholder

Participation in this event is at the sole discretion of Headway, Brain Injury Services & Support Please return your completed application form plus deposit to: Sarah Benson, Headway, Blackhall Green, Dublin 7, Ireland

Sarah is contactable on 087 3780053 or bensons@headway.ie