

REGISTRATION FORM



Your Challenge

Name and Date of Challenge	
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Personal Details (please complete as they appear on your passport)

Title (Mr/Mrs/Miss/Ms/Dr)								
Forenames				Surname				
Address					Postcode			
Date of Birth			Marital Status			Nationality		
Telephone No				Mobile Phone No				
Email Address								

Passport Details

Passport Number			Place of Issue				
Passport Start Date			Passport Expiry Date				

*Please include a photocopy of the page in your passport containing your photograph. Your passport must be valid for at least six months after you return from the challenge.

Charity Details

Charity Name								
Charity Address						Postcode		
Contact Name				Telephone No				
Email Address								

Other Information

Would you like your contact details to be circulated to the group? (Please circle)	Yes	No
Accommodation will be on a room sharing basis. Please give name(s) of anyone with whom you have agreed to share with:		
How did you find out about the challenge (website, social media, word of mouth)?		
Preferred payment option (Please circle)	Payment Option A	Payment Option B

Agreement

I agree to the Global Adventure Challenges Open Challenge Booking Conditions, (available on request and via www.globaladventurechallenges.com), and enclose payment for my registration fee.

Print Name			Date		
Signature					

Payment Details

Please find enclosed a cheque made payable to Global Adventure Challenges for £.....

Please debit £..... from my credit/debit card (details below)

Name (as it appears on the card).....

Type of card (e.g. Visa, Delta, etc).....

Card No. _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Valid from Date _ _ / _ _ Expiry Date _ _ / _ _ Security No _ _ _

