# **REGISTRATION FORM**



Name and Date	of Challer	nge						
Personal Details								
Title (Mr/Mrs/Mis	s/Ms/Dr)							
Forenames		<u> </u>	9	Surname				
Address					1			
						Postcode		
Date of Birth		1			Nationality			
Telephone No				Mobile Phone No				
Email Address			·					
Charity details								
Charity Name								
Charity Address								
	1					Postcode		
Contact Name				Telephone	No			
Email Address								
How would you li	ke to hea	r from your cha	arity?					
We will share your for your challenge fundraising oppor ticking the approp	e. Your cha tunities. If	arity may wish t you would like	to contact y	ou with more	e det	ails on the vita	l work th	ey do or other
Phone		Email		Post		SMS	5	
Registration Fee Please find enclos Please debit £ Name (as it appea Type of card (e.g.)	ed a chequers	ue made payable from my credit/o ard)	debit card (c	details below)			••••	
Card No								
	/	_ /	/	_				

PTO to complete your registration form.

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





## **REGISTRATION FORM**



#### **Other Information**

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 (we social media, word of mouth)?	ebsite,					
referred payment option (Please circle) Payme		ent Option A	Payment Option B			

## How would you like to hear from Global Adventure Challenges?

We'll only use the information you've provided to us to process your challenge registration, but we'd love to keep you updated with inspiration for your future adventures! This can include details of exciting offers, brand new challenges, and training and fundraising tips and tricks. If you'd like to hear from us, please tick the appropriate boxes below to let us know how best to contact you:

Email	Text Message	
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### **Agreement**

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

Print Name	Date	
Signature		



