

Passport
photo



LONDON – PARIS BIKE RIDE

10-13 September 2010

REGISTRATION FORM

Please read and complete all sections of the Registration and Medical Forms and return together with a passport photo and your registration payment of £100 to:

Appeals Department
Severn Hospice
Bicton Heath
Shrewsbury
SY3 8HS

01743 354 450 or 01952 221 351
Email:
appeals@severnhospice.org.uk

CHECKLIST

Please make sure you have enclosed the following:

- 1) Signed and completed Registration Form
- 2) Signed and completed Medical Form (including GP's signature if you have a medical condition or you are aged 65+)
- 3) Passport photo with name written on the back
- 4) Registration payment of £100 made payable to 'Severn Hospice'

Please write clearly in capital letters.

PERSONAL DETAILS

Title **as on passport** (Mr/Mrs/Ms/Miss/other) _____

Forenames **as on passport** _____ Surname **as on passport** _____

Name you prefer to be addressed as _____

Address _____

Postcode _____ Occupation _____

Daytime phone _____ Evening telephone _____

Email _____ T-SHIRT SIZE S M L XL

Date of Birth _____ Place of Birth _____

Marital Status _____ Nationality _____

PASSPORT DETAILS

Passport No. _____ Country of Issue _____

Issue date _____ Expiry date* _____

***Your passport must be valid on the date of your return to the UK**

SPECIAL REQUIREMENTS

Do you have any special dietary requirements/food allergies?

Vegetarian Vegan No Fish

Those with other dietary requirements should bring supplementary food

ACCOMMODATION

If there is anyone you would like to share with please write their full name here (otherwise participants will be allocated rooms on same sex sharing basis – rooms will be twins / triples/quads). We will try to accommodate your request, however it cannot be guaranteed. Please note, married couples will not automatically be able to share.

Name(s)

WOULD YOU LIKE US TO SEND DETAILS TO A FRIEND?

Name _____

Address _____

Postcode _____ email _____

Daytime phone _____ Evening phone _____

Where did you hear of this event? _____

Have you taken part in an overseas challenge before? _____

Would you like to be added to a contact sheet to be distributed to fellow participants? Yes / No

DECLARATION

I apply to take part in the [Severn Hospice London-Paris Bike Ride](#), and abide by the Conditions of Entry and the Classic Tours Booking Conditions.

I confirm that to the best of my knowledge my general state of health and fitness is good and I take full responsibility for my fitness to take part. I enclose a cheque for the registration payment of £100 made payable to Severn Hospice, a completed medical form and one passport size photograph of myself.

Signature

Name (capital letters)

Date

__/__/__