

# Registration Form

PLEASE COMPLETE IN BLOCK CAPITALS

**Personal Details** (Title, Surname and Forename, as they appear in your passport)

Title: Mr  Mrs  Miss  Ms  Other:

Surname: Forename:

Home Address (please remember to notify us of any changes to your contact details)

Post Code:

Day Tel No:

Evening Tel No:

Mobile Tel No:

Occupation:

Email address:

**By giving us your email address you agree that we may use this to contact you about the walk and our other fundraising activities, if you wish to opt out please tick box**

You will be provided with one T-shirt and cap prior to departure. Please circle your size: **M / L / XL**

**Passport Details** – your passport **MUST** be valid for 6 months from the date of your return to the UK

Passport No:

Place of Issue:

Issue Date:

Expiry Date:

Nationality:

Place of Birth

Date of Birth

Marital Status:

**(If any of your passport details change please notify us immediately)**

## Diet

Are you a vegetarian? Yes  No

Do you have any special dietary requirements? (e.g. dairy intolerant, allergies)

## Room Sharing

Accommodation will be on a shared basis. If you are travelling with a friend/s and would like to share accommodation with them please state their name/s

There will only be limited number of single rooms and these will be allocated on a first come first serve basis.

You will be required to pay a single room supplement. ↑

## Get to know your fellow walkers

Once you have registered, a contact list of your fellow walker will be circulated. Are you happy for your details to be shared? Yes  No

Where did you hear about The Orchid Walk?

## UK Events

Would you like to hear more about our UK fundraising events? Yes  No

## Payment Methods

You can pay your £50 non-refundable and non-transferable registration fee by enclosing a cheque made payable to PCRF.

Please allow 14 days for receipt of your Information Pack

PLEASE NOTE:

**At least £600 of the sponsorship must be raised 4 weeks prior to departure.** The remaining amount must be raised within 6 weeks of arrival back in the UK

The charity incurs expenses whether you attend or not.

**Please ensure that you return this form with monies raised to:**

**AMBER CARE CENTER 126 MYDDLETON ROAD, LONDON N22 8NQ**