



# CLASSIC TOURS OPEN CHALLENGE REGISTRATION FORM

Please read and complete all sections of this form and return to:

**Fundraising**  
**St Elizabeth Hospice**  
565 Foxhall Road  
Ipswich, SUFFOLK  
IP3 8LX

Before sending in this form, please check that you have included:

- 1) Your registration fee (payable to Classic Tours)
- 2) Completed medical form and signed if required
- 3) Your signature on the back of this application form

**Before completing this form please read carefully the Conditions of Entry and Booking Conditions which are attached separately. Please write clearly and complete all the sections below.**

I apply to take part in the **TREK Mont Blanc** Classic Tours Open Challenge

Date of event \_\_\_\_\_ **26<sup>th</sup> – 30<sup>th</sup> August 2010** \_\_\_\_\_

## **CHARITY**

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I will be raising funds for **ST ELIZABETH HOSPICE**.

## **HOW DID YOU HEAR ABOUT THIS CLASSIC TOURS OPEN CHALLENGE?**

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Please let us know how you found out about it \_\_\_\_\_

Have you ever taken part in an overseas challenge event before? If yes, please give details

\_\_\_\_\_

## **PAYMENT**

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You pledge to raise a minimum amount of £1400 sponsorship for **St Elizabeth Hospice**.

Please see the Conditions of Entry for details of the minimum sponsorship limit and when this needs to be paid by.

\_\_\_\_\_

A name and address list will be sent out prior to the event. Please tick this box if you **DO NOT** wish your name and address details to be passed onto other participants.

\_\_\_\_\_

## **PERSONAL DETAILS (please use capital letters)**

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

Forenames **as on passport** \_\_\_\_\_ Surname **as on passport** \_\_\_\_\_

Name you prefer to be addressed by \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

## **PASSPORT DETAILS**

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Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Issue date \_\_\_\_\_ Expiry date \_\_\_\_\_

***Your passport must have at least 6 months to run from the date you return to the UK***

## **DIETARY REQUIREMENTS**

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Do you have any special dietary requirements / food allergies?

## **T-SHIRT**

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Please indicate what size t-shirt you would like: S / M / L / XL

## **INSURANCE**

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You are responsible for organising your own insurance. Please make sure you do this in plenty of time to avoid any last minute panics.

You can either organise your own – please let your insurer know you are doing a cycle ride or trek for charity or you can take out insurance cover with Classic Tours. You will be sent an application form after you have registered.

We will need to be informed that you have adequate insurance a minimum of 8 weeks prior to departure.

***Please note – failure to inform your insurance company of any special requirements or medical conditions may affect any insurance claim you may make.***

## ACCOMMODATION

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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). We will try to accommodate your request, however it cannot be guaranteed. Please note married couples will not automatically be able to share.

Name \_\_\_\_\_

## HEIGHT

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If you are taking part in a bike event we need to know your height. Having the correct sized bike is very important. Please let us know your height and we will arrange a bike for you.

**NB If you are taking part in Cycle London to Paris you need to bring your own bike**

Height \_\_\_\_\_

## RECOMMEND A FRIEND

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If you would like us to send information about this challenge to a friend please let us know their details below:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**I apply to take part in this CLASSIC TOURS OPEN CHALLENGE, and abide by the Conditions of Entry and the Booking Conditions attached separately.**

**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 fee made payable to Classic Tours and a completed medical form.**

**Signature**

**Name (capital letters)**

**Date**

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