

'Viva Grand Canyon' Trek

Thursday 29 April - Thursday 6 May 2010

Registration Form



- I am applying to take part in the above event and undertake to abide by the rules and conditions.
- I will make the commitment to raise the minimum sponsorship of £2,500 by Monday 19th April 2010. I will send the first instalment of £1,500 to Kisharon by 31st March 2010.
- I undertake to raise as much sponsorship as possible.
- I enclose a cheque made payable to Kisharon or have completed my credit/debit card details at the end of this form for the registration fee.

To register

Please read and complete the remainder of this form and return it with your non-refundable registration fee of £250 and completed medical form by Sunday 28 February 2010 to:

Fundraising Department

Kisharon Head Office, 1011 Finchley Road London NW11 7HB

Tel 020 8731 7009 ext 206 Fax 020 8731 7005

Email info@kisharon.org.uk

Before completing this form, please read it carefully. We recommend that you take a photocopy for your own records.

Every person must fill in and sign their own registration form. When we receive your registration fee, we will confirm your place and send you further fundraising details.

The registration fee does not include personal travel insurance.

Previous participation

Have you taken part in a Kisharon event before? Yes No

If so, where and when:

Please note: The information contained in this application form was correct at time of going to press. Where relevant, you should check the current situation prior to departure.



Personal details

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 to be passed on to other participants.

PLEASE PRINT IN BLACK INK IN CAPITAL LETTERS

Title (Mr/Mrs/Ms/Miss) _____

Surname (as in your passport) _____

Forenames (as in your passport) _____

Name by which you prefer to be known _____

Address _____

Postcode _____

Home tel _____ Work tel _____

Mobile _____ Email _____

Occupation _____

Company name _____

Marital status _____

Place of birth _____ Date of birth _____

Next of kin (N.B. This needs to be someone who is not travelling with you)

Name _____

Relationship _____



Address _____

Postcode _____

Daytime tel _____

Evening tel _____

Dietary requirements

Do you require vegetarian meals? Yes _____ No _____

Other requirements (e.g. food allergies) _____

Passport details

Nationality _____ Passport no. _____

Date and place of issue _____

Date of expiry _____

It is essential that we have the above information. If you do not have a passport at the moment, just send in your entry form and let us have the details as soon as you can.

Note:

Your passport must be valid until six months after the date of return to the UK.



T-shirts

We will provide a t-shirt to assist you in your fundraising.

Please tick size S M L

Friends/room sharing

Please give the names of any friends who are taking part. Accommodation will be based on twin share beds.

Tick box if you would like to share a room with your friends

Name(s) _____

Employer details

Company/organisation name _____

Address _____

_____ Postcode _____

Daytime tel _____

Are you being sponsored by/representing a company or organisation?

Yes No

Does your company have a matched giving policy?

Yes No

Does your company have a newsletter or intranet?

Yes No

If yes, please provide details of the editorial contact and phone number



Do you have a personal connection with Kisharon?

Yes (please provide details)

No

Where did you see the event advertised?

E.g. via email, a specific website, flyer, postcard, advert (please state name of newspaper/magazine and date), etc. Your feedback is greatly valued, so please help us to improve our promotion by filling this in.

Insurance

It is your responsibility to organise your own personal travel insurance policy covering health, accidents and loss. The tour operator's recommended policy will be included in the sponsor pack. You must have adequate insurance in order to take part in this event.

Medical information

You should be reasonably fit and enjoy sufficient good health to participate in a Kisharon adventure. Your sponsor pack will include training guidelines, which should be followed. Enclosed is our medical form, which you must complete and return with this application. Please understand that it is essential our medical personnel are fully briefed on every person participating, so we need accurate and honest medical information. Until this form is completed and approved, we cannot guarantee your participation in the event. We may require you to have your medical form signed by your GP – please refer to the medical form for further details. All medical information will be treated with confidentiality and if you have any concerns you would like to discuss with us prior to completing this form then please contact us.



Vaccinations

Some vaccinations may be advisable for the country you are visiting. You must consult your own GP for advice. Further information is provided in the specific event information.

Passport and visas

Your passport must have at least six months to run from the date of return to the UK. For further visa information please refer to your specific event information. It is your responsibility to obtain a valid visa for the country you are visiting.

Photographs

Using paper-clips, please attach two passport-size photographs. Please write your name clearly on the back of each photograph.

Referee

Please give details of one referee who is well known to you.

Name _____

Daytime tel _____

Address _____

Postcode _____

Conditions of entry

- 1 We require a registration fee (non-refundable) and you must also undertake to raise at least the minimum sponsorship money for Kisharon. Your minimum sponsorship must be received by Kisharon. ten weeks prior to departure.
- 2 If you are unable to meet these sponsorship requirements, you may forfeit your place on the event – or you may choose to make up the balance yourself.
- 3 Should you, for whatever reason, not take up your place, all sponsorship forms and sponsorship monies collected should be forwarded to Kisharon. .
- 4 You must be at least 18 before the departure date of the event.
- 5 Entry conditions into countries vary but you must not suffer from alcohol or drug dependency. You should not have any criminal convictions.
- 6 Your passport must be valid for at least six months from date of return to the UK. You are responsible for ensuring that you have a valid passport and appropriate visa for the challenge. Passport control and in-country authorities will reserve the right to refuse entry.
- 7 Kisharon adventures are organised by tour operator The Ultimate Travel Company ATOL No 5111. By registering, you agree to be bound by these terms and conditions and the tour operators' booking conditions. If you require a copy of these please contact the tour operator directly on
- 8 All funds raised for Kisharon through the event must be payable to Kisharon.
- 9 You must be covered by insurance for health, accident and loss.
- 10 All participants take part at their own risk.
- 11 For health and safety reasons the tour operator; ground agents and/or medical staff reserve the right to stop anyone from participating.
- 12 Kisharon, tour operator and local staff should not be subject to inappropriate behaviour; either verbal or physical. We reserve the right to stop any person from participating in the event should we feel that boundaries have been crossed.
- 13 I consent to Kisharon contacting me via telephone, fax, letter or email for any matter relating to my fundraising and my participation in Kisharon events.
- 14 I have enclosed my non-refundable registration fee. I have read and agree to the above conditions.



Credit/debit card details for the registration fee

(Please use debit cards where possible as Kisharon is charged more for credit cards.)

Card type: _____ Issue no. (if shown) _____

Cardholders name and address if this is not your card

Card number (long number in centre of strip)

Security code Expiry date: ___/___ Valid from: ___/___

Registration amount _____ Signature _____

Date _____

Please return your application form, medical form and registration fee by
Sunday 28 February 2010

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Kisharon is a Company Limited by Guarantee Incorporated in England & Wales No. 01259900
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