

R.A.B.I 150th Anniversary Countryside Challenge

10th/12th September 2010

Registration Form

Please read and complete **all** sections of the Registration and Medical forms and return together with your registration fee of £50 (per team member) to:

R.A.B.I,
Shaw House,
27 West Way,
Oxford
OX2 0QH

Tel: 01865 724931
info@rabi.org.uk
www.rabi.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 signature if you have a medical condition or you are aged 65+)
- 3) Registration fee of £50 (per team member) made payable to R.A.B.I (please call 01865 724931 to pay by credit card)

Please write clearly in capital letters.

PERSONAL DETAILS

Teams to consist of between 2 and 4 participants.

Team Member 1

Title (Mr/Mrs/Ms/Miss/other) _____

Forenames _____ Surname _____

Name you prefer to be addressed as _____

Address _____

_____ Postcode _____

Daytime telephone _____ Evening telephone _____

Mobile _____

Email _____ Date of Birth _____

Next of Kin

Name _____ Tel No. _____

Team Member 2

Title (Mr/Mrs/Ms/Miss/other) _____

Forenames _____ Surname _____

Name you prefer to be addressed as _____

Address _____

_____ Postcode _____

Daytime telephone _____ Evening telephone _____

Mobile _____

Email _____ Date of Birth _____

Next of Kin

Name _____ Tel No. _____

Team Member 3

Title (Mr/Mrs/Ms/Miss/other) _____

Forenames _____ Surname _____

Name you prefer to be addressed as _____

Address _____

_____ Postcode _____

Daytime telephone _____ Evening telephone _____

Mobile _____

Email _____ Date of Birth _____

Next of Kin

Name _____ Tel No. _____

Team Member 4

Title (Mr/Mrs/Ms/Miss/other) _____

Forenames _____ Surname _____

Name you prefer to be addressed as _____

Address _____

_____ Postcode _____

Daytime telephone _____ Evening telephone _____

Mobile _____

Email _____ Date of Birth _____

Next of Kin

Name _____ Tel No. _____

SPECIAL REQUIREMENTS

Do you have any special dietary requirements/food allergies?

Vegetarian Vegan Those with other dietary requirements should bring supplementary food.

ACCOMMODATION

Challenge participants will be provided with tents by R.A.B./Across the Divide Ltd. These are 2-person tents. If you wish to bring your own tented accommodation, space can be provided by the event organisers. All facilities (showers, toilet block, etc) will be provided on site.

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 a challenge event before? Yes / No

If yes, please give details of your past trekking or fundraising experience:

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 RABI 150th Anniversary Countryside Challenge, and abide by the Conditions of Entry and 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 fee of £50 (per team member) made payable to R.A.B.I, (or I confirm that I have paid by credit card), and a completed medical form.

Signature

Name (capital letters)

Date

___/___/___