**Registration Form – Overseas Challenge**

 **Tour du Mont Blanc Charity Trek – 11 Sep to 16 Sep 2022**

Personal Details

Title: Surname: Forenames:

Address: Postcode:

Telephone No: Mobile:

Email Address: Date of Birth:

In the event of an emergency only (this information will not be stored after the event)

Next of Kin Name: Relationship:

Address: Telephone:

I have read and agreed to UHCW Charity [Privacy Policy](https://www.uhcwcharity.org/privacy-policy/)

I consent to UHCW Charity storing my personal details provided on this form (except next of kin details) and contacting me regarding their charitable activities including events, campaigns and fundraising Yes No

**Signed: Date:**

Trip Details

Dietary Requirements Do you have any dietary requirements i.e. vegetarian, vegan, allergies? If so please provide FULL details:

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Accommodation will include twin room sharing arrangements. Please give the name(s) of anyone that you would be happy to share with below:

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The trekking is relatively strenuous and includes over 1000m of ascent and descent. It is your responsibility to declare to UHCW Charity, Sky Blue Adventures and your insurer any pre-existing medical conditions that may mean you are unable to take on the challenge. Please fill in the medical questionnaire here <https://forms.gle/xxX4GFErPUdPTV528> By paying your deposit and returning this form along with the completed online medical questionnaire, I confirm that I am physically able to take on the challenge:

**Signed: Date:**

Payment Details

**I have paid the £200 deposit on returning this signed registration form to UHCW Charity.**

**I agree to set up my Just Giving Fundraising page once UHCW Charity notifies me of receipt of my deposit. Please connect your fundraising page to the team challenge page:** <https://www.justgiving.com/team/uhcwcharitytrekkers>

**I have read the terms and conditions of the trip sent by Sky Blue Adventures and UHCW Charity that outline my payment and insurance responsibilities.**

**Please choose from the following payment options:**

***Option 1***

*I agree to pay full event costs + raise £500 minimum sponsorship*

* Pay Full Cost, £1295 and minimum £500 sponsorship to UHCW Charity due 10 weeks before the challenge start date

***Option 2***

*I agree to pay full event costs + raise £500 minimum sponsorship*

* Pay the £200 deposit then agreed payments to UHCW Charity every month, final payment amount and sponsorship due 10 weeks before the challenge start date

 ***Option 3***

*I agree to pay £200 deposit + £595 costs. Remaining costs taken from £1000 minimum sponsorship*

* Pay the £200 deposit then 10 weeks before the challenge start date pay £595 towards the costs. Minimum sponsorship of £1000, £500 going towards costs and £500 to UHCW Charity due 10 weeks before the challenge start date

**Signed: Date**:

UHCW Charity Bank details

Please make payments via BACS to University Hospitals Coventry and Warwickshire (UHCW)Charity. Please quote “MBC” followed by your surname as the reference

Bank: Lloyds Bank PLC

A/C Name: UHCW Charity

A/C Number: 29634363

Sort Code: 30-92-33

Swift Code/BIC: LOYDGB21033 IBAN: GB77 LOYD 3092 3329 6343 63