

Registration Form

PERSONAL DETAILS (Please print in block capitals)

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

Forename _____

Surname _____

Home address _____

Postcode _____

Home Tel. _____

Mobile Tel. _____

Email _____

YOUR PLACE OF WORK OR STUDY

Occupation/Job title _____

Organisation _____

Address _____

Work tel. _____

Will your employer be supporting your fundraising? Yes No Not approached yet

PASSPORT DETAILS & Next of KIN

(Record your details exactly as they appear on your passport)

Name and title as it appears exactly in your passport _____

(Miss/Ms/Mrs/Mr/Dr) _____

Passport number _____

Date of expiry _____

Date **and** place of issue _____

Date **and** place of birth _____

UK Passport

Other

Name of **next of kin** _____

Relationship to you _____

Their Tel: Home _____

Mobile _____

RECOMMEND A FRIEND

Please let us know the details of anyone else you think may be interested in this event.

Forename _____

Surname _____

Address _____

DATA PROTECTION – We would like to keep you informed about the important work we do and advise you on the different ways in which you can help DOW UK. If you would prefer not to receive this information, then please contact us on 020 7515 7534

LONDON TO PARIS BIKE RIDE

22nd-25th July 2010

To raise funds for
DOCTORS OF THE WORLD UK



Where did you find out about our London to Paris Bike Ride 2010?

- Mailing Poster Work place
 Newspaper/Magazine Word of mouth
 Other

Can *Doctors of the World UK* use your name and photograph in any publicity for this event?

Yes No

T-shirt size (S/M/L/XL) _____

Dietary requirements (if any) _____

PLEDGE

I have read and understood the *Terms & Conditions of Entry*. I agree to be bound by their terms and pledge to raise the minimum sponsorship required of **£1,100**. I've enclosed my non-refundable Registration Fee of **£99**

Signed _____

Date _____

Print name _____

PAYMENT DETAILS

I enclose a cheque (made payable to *Doctors of the World UK*) for the Registration Fee of £99

Credit Card Payment.

I authorise you to debit my:

MasterCard Visa Access

Amount: £ _____

Issue date _____

Expiry date _____

Card number _____

Signature _____

PLEASE RETURN YOUR COMPLETED REGISTRATION FORM TO:

London to Paris Bike Ride 2010

DOCTORS OF THE WORLD UK

14 Heron Quays

London, E14 4JB

www.doctorsoftheworld.org.uk