

Gibraltar THE ROCK RUN REGISTRATION FORM

Gibraltar Rock Run
a. PO Box 14, Exeter, EX4 1WG
t. 01392 272842
e. enquiries@gibrocrun.co.uk
w. www.gibrocrun.co.uk

Personal Details

Title: (Mr/Miss/Mrs/Ms)

Forename: Surname:

As they appear on your passport

Address:

..... Postcode:

Telephone number: Day: Evening: Mobile:

Date of Birth: Place of Birth:

Nationality: Marital Status:

Passport Number: Place of issue:

Passport Start Date: Passport Expiry Date:

Please include a photocopy of the page in your Passport containing your photograph. Your Passport must be valid for at least six months from the end of the Rock Run Event.

Email Address:

Accommodation

Accommodation will be on a twin room sharing basis. Please give name(s) of anyone with whom you have agreed to share with:

The Rock Run

How did you find out about The Rock Run?

Charity Details

Charity Name: RMCTF Reg Charity Number: 1134205

Address of Charity: RM Corps Secretariat, Building 32, HMS EXCELLENT, Whale Island, Portsmouth, PO2 8ER

Telephone: 023 9254 7225 Email: opsmanager@rmctf.org.uk

Mandatory Travel Insurance

All participants are required to have suitable Travel Insurance to take part in the Rock Run. A copy of your Travel Insurance Certificate must be produced prior to departure.

Payment

I agree to the Booking Conditions (available on request) and enclose payment for my Registration fee.

Participant's Signature: Date:

Payment Details

* Cheque enclosed totalling £285 (Registration fee made payable to Eventful (SW) LTD

* Please debit £285 from my credit/debit card (details below - a 2.8% charge applies for using your card)

Name (as it appears on the card):

Card Holder's address:

Type of Card (e.g Visa, Delta): Card Number:/...../...../.....

Valid From: / Expiry Date: / Switch Issue Numer: Security Number:

Next of Kin Details

Full Name: Relationship:

Full Address:

..... Postcode:

Telephone number: Day: Evening: Mobile:

Dietary Requirements

If so please provide full details:

Medical Treatment

It is a condition of joining that in cases of emergency the Gib Rock Run representative has your authority to arrange any necessary medical or surgical treatments and to sign any required form of consent on your behalf.

I understand that the Gib Rock Run will involve strenuous activity. Before departure of this event, if I have any concerns regarding my physical fitness or health, I will consult my GP immediately. To the best of my knowledge this is an accurate description of my medical history and current fitness.

Signed: Date: