



## Ethiopian Bike Ride Challenge 2007

Please return this form fully completed and signed to:  
 Maternity Worldwide, Unit 9, Level 4, New England House, New England Street,  
 Brighton. BN1 4GH

NB Check that you have attached a passport photo with your name on the back and your registration fee - cheque for £300 made payable to Maternity Worldwide.

Forename(s) (as on passport)	
Surname (as on passport)	
Email	
Home address	
Daytime phone	
Evening phone	
Mobile phone	
Date of birth	
Place of birth	
Passport number	
Place of issue	
Issue date	
Expiry date (please note your passport MUST be valid for a minimum of 6 months after travel)	
Name of emergency contact	
Relationship to you	
Home address	
Daytime phone	
Evening phone	
Mobile phone	
Email	
Flight options:	
<ul style="list-style-type: none"> <li>• Oct 26<sup>th</sup>-Nov 7<sup>th</sup>, 07</li> <li>• Oct 26<sup>th</sup>-Nov 11<sup>th</sup>, 07</li> <li>• Arrange your own</li> </ul>	
<ul style="list-style-type: none"> <li>• Preferred and alternative departure airport</li> </ul>	



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<ul style="list-style-type: none"> <li>• Can you travel earlier or later than your requested date?</li> </ul>	
Hotel accommodation: Same sex room share unless there is someone specific you want to share with (please indicate)	
Dietary requirements: Please indicate and we will try to accommodate as much as possible	
T-shirt size: Please indicate if you want small, medium or large	
Would you like us to send details to a friend?	
Name:	
Address:	
Phone:	Email:
Would you like to be added to a contact sheet to be distributed to fellow participants?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like to be added to Maternity Worldwide's general e-list to receive updates about the charity's work?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>



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### Acceptance of Conditions of Entry

I apply to take part in the Maternity Worldwide Ethiopian Bike Challenge 2007 and confirm to the best of my knowledge that my general state of health and fitness is good. I confirm I have read and agree to the Conditions of Entry as outlined in the documentation. I take full responsibility for fitness to take part and for organising my own appropriate insurance for the challenge. I will submit at least 70% of the sponsorship money prior to departure and the remainder no later than 1 month after returning from the challenge.

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Please tick here if you want Maternity Worldwide to reclaim the tax on this and any future donations you make. You must have paid income or capital gains tax in the UK equal to the tax that will be claimed by Maternity Worldwide (currently 28p for each £1 you give).

Signature ..... Date.....