**Ethiopia Bike Ride Challenge – 1st-15th May 2015**

Please complete this form and return it together with your £200 deposit to the above address.

**Personal Details**

|  |  |
| --- | --- |
| Forenames (as on passport) |  |
| Surname (as on passport) |  |
| Preferred Name |  |
| Email Address |  |
| Home Address |  |
| Mobile Phone Number |  | Twitter username |  |
| Please state if you have any communication needs |  |

**Passport Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  / / | Place of birth |  |
| Passport Number |  | Nationality |  |
| Date of Issue |  | Expiry date |  |
| Issuing Authority |  | Passport must be valid for at least 6 months from the date of entry to Ethiopia (valid until 01/11/15) |

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**If you are a UK taxpayer and you would like us to reclaim 25p for every £1 you have donated now and on future donations at no extra cost to you please tick below**

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6th April to 5th April) that is at least equal to the amount of tax that all the charities and Community Amateur Sport Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

I qualify for GiftAid and am happy for Maternity Worldwide to collect GiftAid on this and any future donations I make, unless I notify you otherwise

**Employment**

|  |  |
| --- | --- |
| Occupation |  |
| Employer |  |
| Does your employer run a Matched Giving Scheme? If so, what is the maximum matched limit? |  |

**Taking Part**

The Ethiopia Bike Ride Challenge will be an active challenge requiring a good level of fitness. You will be asked to complete a full medical questionnaire in order to take part in the event. It is your responsibility to consult your GP to ensure you are fit enough to take part.

|  |  |
| --- | --- |
| **Please give details of any relevant cycling experience and level of fitness**You must be able to cycle up to 80km per day (don't worry; there will be plenty of stops along the way!) |  |
| **Is there any additional information you would like to let us know?** |  |

|  |  |
| --- | --- |
| **How did you hear about Maternity Worldwide?** |  |

**Payment Details**

|  |
| --- |
| **£1100 To cover individual costs (including flights, accommodation and food on cycling days only)*** £200 non-refundable deposit due now to secure your place
* £450 first instalment of costs due on 1st November 2014
* £450 final instalment of costs due on 1st February 2015

**£1500 Fundraising Target*** £900 must be raised by 1st March 2015
* Remaining sponsorship to be paid to Maternity Worldwide by 15th July 2015

*If you would like to discuss alternative payment options please do not hesitate to contact us.* |

**Terms and Conditions**

By registering to take part in the Ethiopia Bike Ride Challenge you are therefore agreeing to adhere to the Terms and Conditions of Participation

|  |  |
| --- | --- |
| I confirm I have read and understood the Terms and Conditions of Participation for the Ethiopia Bike Ride Challenge 2015 and agree to adhere to them (please tick). |  |
| I understand it is my responsibility to ensure I have the correct travel insurance which will cover emergency evacuation from a remote area and full medical repatriation to the UK. |  |
| I understand my £200 deposit is non-refundable should I be unable to take part. |  |
| The total cost of the trip is £1100. £200 will be paid as your deposit, £450 will be due on or before 1st November 2014 and £450 will be due on or before 1st February 2015. I agree to pay two instalments of £450 on or before the dates specified. |  |
| 60% of your sponsorship target must be with Maternity Worldwide 2 months before departure (1st March 2015). I agree to fundraise a minimum of £1500 for Maternity Worldwide. |  |

**Payment Methods:**

Credit/debit card over the phone by calling 01273 234033. Cheque made payable to Maternity Worldwide. Direct bank transfer to Maternity Worldwide Sort Code: 40-14-03 Account No: 91815814

**Payment Details:** (Please tick method used) **Date of Payment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Credit or debit card telephone payment ****Cheque (enclosed) ****Bank Transfer

**I confirm I would like to register for the Ethiopia Bike Ride Challenge 2015 and enclose the non-refundable £200 deposit.**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions please do not hesitate to contact Kirsty on 01273 234033 or email fundraising@maternityworldwide.org.

 **Please return your completed form to:** Maternity Worldwide, Community Base, 113 Queens Road, Brighton, BN1 3XG