

Registration form – Le Tour Cycle Challenge 2010

I/T	<input type="checkbox"/>
D/B	<input type="checkbox"/>
F/P	<input type="checkbox"/>

Personal details

Title _____ First name _____ Surname _____

Name by which you would like to be known _____

Address _____

Postcode _____

Daytime phone number _____

Mobile phone number _____

Email address _____

(Being able to contact you by email will save Guide Dogs time and money)

Are you blind or partially sighted? Yes No

If yes, in which format would you like future information? _____

Employer _____

How did you find out about taking part in Le Tour Cycle Challenge?

- Guide Dogs website
- Proccycling magazine/Official Tour de France guide
- Cycling Plus
- Previous participant
- Cycling Weekly
- Local Guide Dogs centre/representative (please state):
- Other (please state):

Please indicate your jersey size:

Extra Small Small Medium Large Extra Large XX Large

Keeping in touch

I give permission for Guide Dogs to distribute my contact details to my fellow participants taking part in this event only.

We would like to keep you informed about Guide Dogs, its trading company, its activities, products and services and ways you can help. If you do not wish to receive this information, please tick this box



Passport details

Date of birth _____ Place of birth _____

Passport number _____ Nationality _____

Date of issue _____ Date of expiry* _____

* Please note that most countries require your passport to be valid for at least six months after you return from the challenge.

Next of kin (in case of emergencies)

Name _____ Relationship to you _____

Home address _____

Postcode _____

Daytime phone number _____

Evening phone number _____

Mobile phone number _____

Accommodation requirements

Accommodation will be shared, usually in twin-bedded, single sex rooms. If you would like to share a room with a friend, please write their name below.

Do you have any dietary requirements? _____

Insurance

You are required to arrange your own travel insurance, and you must provide Guide Dogs with a copy of the certificate or policy document at least one month prior to departure.

- I have my arranged my travel insurance and attach a copy
 I will be arranging my travel insurance and will send you a copy

More information online at [guidedogs.org.uk/letour/download](https://www.guidedogs.org.uk/letour/download)
 Call: **0845 600 6787** | Email: events@guidedogs.org.uk

Registered office: The Guide Dogs for the Blind Association, Hillfields, Burghfield Common, Reading, Berkshire RG7 3YG. A company limited by guarantee registered in England and Wales (291646) and a charity registered in England and Wales (209617) and Scotland (SC038979).



Medical details

Pre existing medical conditions should be declared below to ensure that we can look after you appropriately during the challenge. They should also be declared to the travel insurance company to ensure that you are adequately covered. If any of these details change between now and the time of the challenge please make sure that you update us and your insurance company. It is for your personal safety that we ask for this information, so please be as thorough as possible. We strongly recommend that you make an appointment to see your doctor to discuss this challenge and make sure there is nothing in your medical history that would suggest you should not take part. If you have any heart or respiratory problems, you should seek advice from your doctor before applying for this challenge. The information you provide will be kept confidential to Guide Dogs staff and any medical officer(s) accompanying you on your challenge. If you fail to disclose any relevant information, your safety and that of your party may be jeopardised.

If you hold a European Union passport, we strongly recommend that you apply for a European Health Insurance Card (EHIC) for your challenge. An EHIC entitles you to reduced-cost, sometimes free, medical treatment that becomes necessary while you're in a European Economic Area (EEA) country. Visit www.dh.gov.uk for more information.

- | | |
|--|---|
| <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> Severe attacks of hayfever/allergy |
| <input type="checkbox"/> Any form of lung disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chest surgery | <input type="checkbox"/> Claustrophobia or Agoraphobia |
| <input type="checkbox"/> Behavioural health problems | <input type="checkbox"/> Epilepsy, seizures or convulsions |
| <input type="checkbox"/> Recurring migraine headaches | <input type="checkbox"/> Blackouts or fainting |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Recurrent back problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arm or leg problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart disease/heart attacks |
| <input type="checkbox"/> Angina/heart surgery | <input type="checkbox"/> Blood vessel surgery |
| <input type="checkbox"/> Hearing loss/balance problems | <input type="checkbox"/> Bleeding or other blood disorders |
| <input type="checkbox"/> Any type of hernia | <input type="checkbox"/> Ulcers or ulcer surgery |
| <input type="checkbox"/> Bowel disorder | <input type="checkbox"/> Are you pregnant? |
| <input type="checkbox"/> Are you registered disabled? | <input type="checkbox"/> Drug or alcohol abuse? |
| <input type="checkbox"/> Do you have any phobias?
(i.e. flying, heights, water etc) | <input type="checkbox"/> Do you regularly take
prescription medicine? |
| <input type="checkbox"/> Have you been in hospital in the
past twelve months? | <input type="checkbox"/> Are you awaiting any tests/
Investigations/results/surgery? |

If you have ticked yes to any of the above, or if there are other medical issues not covered above which are relevant to your well being on the challenge please give details below.

Name & phone number of doctor

Address of doctor



Fundraiser Agreement

Le Tour Cycle Challenge – 22 – 29 August 2010

By accepting a guaranteed entry to the above event, I agree to the following:

1. I will use my best endeavours to raise £1,700.00 for The Guide Dogs for the Blind Association ("Guide Dogs") through my participation in the Le Tour Cycle Challenge 2010; I will endeavour to pay Guide Dogs at least £1,000.00 of my fundraising six weeks before the event (17 July 2010), with the final sums to be received six weeks after the event (6 October 2010).
2. I will pay Guide Dogs a non refundable registration fee of £99.00 to guarantee my entry.
3. I will inform the Guide Dogs Events Team immediately if I am unable to take part in the event. All monies paid to Guide Dogs by this time may be non-refundable and will be treated as a donation.
4. I will keep details of the names and addresses of, and amounts donated or pledged by, all donors and provide such details to Guide Dogs on request.
5. I will explain to donors that £650.00 of my fundraising total will be used to pay for my trip costs.
6. I will obtain and pay to Guide Dogs all sums pledged within six weeks of the event and return all used and un-used sponsor forms.
7. I will not hold on to money raised but send it to Guide Dogs on a monthly basis in cheque form (made payable to **Guide Dogs**), or paid directly onto my fundraising page on Justgiving.com.
8. I will not raise funds by carrying out 'door to door' or unsolicited collections.
9. I will not collect in any public place without first obtaining a collector's licence from the local authority.
10. I will not collect on private property (including shops, pubs etc.) without obtaining the owner's permission.
11. I will not conduct any raffle, lottery or public collection without first contacting the Guide Dogs Events Team.
12. I give permission for the free use of my picture in any future advertising or promotion.
13. I will fully prepare myself for the physical challenge of the event and not hold Guide Dogs responsible for any accident, injury or illness sustained. I understand that this is a strenuous challenge event, and that I am sufficiently fit to undertake the event.
14. I will not do anything to bring Guide Dogs into disrepute.



Fundraiser Agreement (continued)

Le Tour Cycle Challenge – 22 – 29 August 2010

15. I agree to the booking conditions on the accompanying document.
16. I will read the medical notes section of the form and answer the questions to the best of my ability. I also give Guide Dogs full permission to contact my GP for further information should they feel it necessary. If my medical condition changes before my departure, I will inform Guide Dogs.
17. I will bring sufficient supplies of any medication that I am taking at the time.
18. I will be aged 18 years or over by 2 August 2010.
19. I understand that I am required to provide and wear a cycle helmet whilst riding my bike. I understand that I will not be permitted to take part in the challenge if I do not wear a helmet. By signing this declaration I hereby agree to indemnify Guide Dogs against any related accidents.
20. I understand that I must provide a copy and proof of my insurance at least one month before my departure, failure to do so will result in my being unable to take part in the challenge.
21. I understand that Guide Dogs may terminate my rights to raise funds at any time.

Declaration

By signing this declaration, I have read and agree to all the points stated in the Fundraiser Agreement and the Booking Conditions document. All of the information I have provided by me is correct to the best of my knowledge.

Signed _____ Date _____

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Payment – Le Tour Cycle Challenge – 21 – 28 August 2010

1. Choose your non refundable registration fee:

ELTC10

- £99.00 non refundable registration
 I have already paid my registration
 I enclose an additional donation of £_____

2. Choose your payment method:

- I enclose a cheque for £_____ made payable to Guide Dogs
 I authorise you to debit my card below to the total of £_____

3. Gift Aid your donation – make your gift go further, at no cost to you

As long as you are a UK taxpayer, Guide Dogs can reclaim 28p per £1 in tax on your donation.

- Please tick this box to confirm that you wish Guide Dogs to claim Gift Aid on all donations you have made in the last six calendar years, and until further notice.

Please notify us if you no longer pay an amount of UK income and/or capital gains tax equal to the tax we reclaim on your donations. Thank you.
 For more information, please visit www.guidedogs.org.uk/giftaid

Participant name _____

Cardholder name (if different) _____

Cardholder signature _____

Date / /

Cardholder address _____

Postcode/ZIP _____

Card number

Valid from _____ Expiry _____ CVC code _____ Issue No. _____
 (3 digit security code) (Maestro only)



Office use | ELTC10 / Supporter reference: _____

Call 0845 600 6787 | Email events@guidedogs.org.uk

Guide Dogs Events Team, Hillfields, Burghfield Common, Reading, RG7 3YG
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Guide Dogs