



ONE BIG DROP™

5 SEPTEMBER 2010

REGISTRATION FORM

Please read and complete all sections of this form and return with your registration fee to:
Classic Tours, 377 Camden Road, London, N7 0SH

Before completing this form please read carefully the Conditions of Entry and Booking Conditions which are attached separately. Please write clearly and complete all the sections below.

CHARITY

I will be raising funds for **CHILDREN with LEUKAEMIA**.

HOW DID YOU HEAR ABOUT THIS CLASSIC TOURS OPEN CHALLENGE?

Please let us know how you found out about it _____

Have you ever abseiled before? If yes, please give details

PAYMENT

There are two payment options for this challenge. Please indicate which one you have chosen by ticking the appropriate box below. (Full details of each payment option can be found in the Conditions of Entry.)

- Option 1 - I will pay the registration fee myself and raise a minimum amount for **CHILDREN with LEUKAEMIA**.
- Option 2 - I will pay the registration fee and full tour cost myself and raise as much sponsorship as I can for **CHILDREN with LEUKAEMIA**.

PERSONAL DETAILS (please use capital letters)

Title (Mr/Mrs/Ms/Miss/other) _____ Surname _____

Forenames _____ Nickname _____

Address _____

_____ Postcode _____

Daytime phone _____ Evening phone _____

Mobile _____ Email _____

T-shirt Size S/M/L/XL _____ Nationality _____ Date of Birth _____

Height (in metres) _____ Weight (in kg) _____

Preferred time slot of abseil: AM PM

(Please note we cannot guarantee your request, but will try our best. Your abseil time will be confirmed 2 weeks prior to the event)

MEDICAL DETAILS

Please indicate below if you have any pre-existing medical conditions or are on any medication. We may send you a supplementary medical form to complete for further details if necessary.

Pre existing medical conditions _____

Details of any hospital treatment in the last 12 months _____

Medication Taken _____

Are you allergic to anything? (If yes, please give details) _____

NEXT OF KIN DETAILS

Name (in full) _____ Relationship _____

Address _____ Postcode _____

Daytime Tel _____ Evening Tel _____ Mobile _____

RECOMMEND A FRIEND

If you would like us to send information about this challenge to a friend please let us know their details below:

Name _____ Address _____

_____ Postcode _____

Email _____ Telephone Number _____

REGISTRATION FEE

Payment of the £25 Registration Fee can be by cheque made payable to 'Classic Tours' or simply fill out your credit or debit card details below.

Card Type: DELTA / SWITCH / VISA / MASTERCARD (delete as applicable)

Card No.: _____ Last 3 digits on the security strip: _____

Valid From Date _____ Expiry Date _____ Issue No.: _____ (Switch only)

We will absorb the 2.75% credit card fee. N.B. All fundraising monies must be paid to the charity you are supporting.

I apply to take part in this CLASSIC TOURS OPEN CHALLENGE, and abide by the Conditions of Entry and the Booking Conditions attached separately. I confirm that to the best of my knowledge my general state of health and fitness is good. I take full responsibility for my fitness to take part. I enclose a cheque (payable to Classic Tours) or have paid by card for the Registration Fee.

Signature

Name (capital letters)

Date
