**Uganda Bike Ride - 26th September to 9th October 2013**

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 |  | Home Phone Number |  |

**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 1 year from the date of entry to Uganda (valid until 26/09/2014). | |

**Next of Kin 1** (Someone we can contact when you are in Uganda)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship to you |  | | |
| Mobile Phone Number |  | Home Phone Number |  |
| Email Address |  | | |
| Home Address |  | | |

**Next of Kin 2** (Someone we can contact when you are in Uganda)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship to you |  | | |
| Mobile Phone Number |  | Home Phone Number |  |
| Email Address |  | | |
| Home Address |  | | |

**Fundraising**

|  |  |
| --- | --- |
| By registering for the Uganda Bike Ride 2013 you are pledging to raise a minimum of **£1400** for Maternity Worldwide (not including Gift Aid). 60% of your sponsorship money (£840) must be paid to Maternity 8 weeks before departure (1st August 2013). The remaining total will be due two months after returning (9th December 2013). Participants will be responsible for making up any shortfall in fundraising. | |
| How will you meet your fundraising target? |  |

**Cycling Experience**

|  |  |
| --- | --- |
| The Uganda Bike Ride will be an active challenge requiring a good level of fitness. There will be plenty of support along the way but you must be able to cycle a minimum of **80km** per day. You should be in good health, be fit enough to partake in the event and partake in regular training prior to departure. | |
| Please give details of relevant cycling experience and level of fitness. |  |

**Departure Date**

|  |  |  |  |
| --- | --- | --- | --- |
| The ride ends on 9th October, there is an option to stay on for 2 additional days for independent travel returning on 11th October. Please note that Maternity Worldwide accepts no responsibility for anyone staying on past 9th October and all additional costs including accommodation, food and transport to the airport must be covered by the individual. Please tick which return date you would like (subject to availability): | | | |
| Wednesday 9th October 2013 |  | Friday 11th October 2013 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you like to be added to a contact sheet to be distributed to fellow participants? | | | | |
| Yes |  | | No |  |
| Would you like us to send details of the bike ride to a friend? | | | | |
| Name | |  | | |
| Email Address | |  | | |
| **How did you hear about Maternity Worldwide and the Uganda Bike Ride?** | |  | | |

**Payment Details**

|  |
| --- |
| **£1400 To cover individual costs (including flights, accommodation, food and 3 day safari)**   * £200 non-refundable deposit due now to secure your place * £600 first instalment of costs due on 1st June 2013 * £600 final instalment of costs due on 1st August 2013   **£1400 Fundraising Target**   * £840 must be raised by 1st August 2013 * Remaining £560 to be paid to Maternity Worldwide by 9th December 2013   *If you would like to discuss alternative payment options please do not hesitate to contact us.* |



**** **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 that is at least equal to the tax that all charities or Community Amateur Sports Clubs that you donate to will reclaim (currently 25p for each £1).

**Payment Methods:**

Credit or debit card over the phone by calling 01273 234033.

Cheque made payable to Maternity Worldwide.

**Payment Details:** (Please tick method used)

****Credit or debit card telephone payment

****Cheque (enclosed)

**Date of Payment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm I would like to register for the Uganda Bike Ride 2013 and**

**enclose the non-refundable £200 deposit.**

**Full Name** ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Thank you – we will be in touch with you shortly.**

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