



Irish Wheelchair Association

REGISTRATION FORM

BOSTON WALK 2010

Participants must be 18 years of age or over.

Personal Details

Title (as on passport) _____
 Surname (as on passport) _____
 Forename (as on passport) _____
 Address _____

 Tel (wk) _____
 Tel (home) _____
 Mobile _____
 Email _____

Passport Details

Passport Number _____
 Nationality _____
 Date & Place of Issue _____
 Expiry Date _____
 Date of Birth _____
 Place of Birth _____
In case of emergency please contact:
 Name: _____
 Phone: _____
 Relationship: _____

Please tick your preferred format for correspondence:

Email Regular Post Text (short messages)

MEDICAL DETAILS:

If you suffer from any allergies or medical conditions, please give details below. These will be held on file and only used in case of an emergency. In certain circumstances you may be required to have a medical form signed by your doctor.

Do you have any of the following conditions?

	Yes	No
Asthma	___	___
Diabetes	___	___
Epilepsy	___	___

Please list any other medical condition:

Please list any medication you are currently taking:

Please give details of any allergies:

Do you have any special dietary requirements?

Yes No

List _____

Please note accommodation is shared.

If you have a preferred person to share with list below:

Name: _____
 Address: _____

Please tick your t-shirt size:

Small Medium
 Large X Large
 Other _____

Room type: Twin Double

Terms & Conditions (Please read carefully)

It is important that each walker read the following Terms & Conditions and ensure they fully understand and accept them before signing on for IWA's Boston Walk 2010.

1. To take part in IWA's Boston Walk 2010 you need to raise €4,750 in accordance with fundraising schedule.
2. Any shortfall in funds must be supplemented personally by the closure date for the Walk.
3. If you are unable to raise the funds, you may forfeit your place on the Walk.
4. All coin and cash should be accurately sorted and counted and lodged directly to our bank account.
5. Cheques must be made payable to Irish Wheelchair Association.
Account Details: Bank of Ireland, Killester, Dublin 3.
Sort Code 90-05-94 Account Number 33-20-60-21
Please ensure to reference the bank stub e.g. Mary Byrne, Walk 2010.
6. Please ensure your passport is valid for 6 months from time of departure / end of the walk.
7. You must let IWA staff know of any medical conditions that may affect your participation on this event, this will be treated with the strictest of confidence and is purely for 'best practise' and insurance purposes.
8. If you are a person with a disability who will be travelling with a Personal Assistant, your PA must have completed a Manual Handling Training Course.
9. All flights, accommodation, transfers and insurance will be organised by Irish Wheelchair Association.
10. IWA also reserve the right to refuse an applicant who, in our opinion, has not reached the required level of sponsorship or for any other reason would not be a suitable candidate for the Walk.
11. To apply for a place on Irish Wheelchair Association Boston Walk, participants must be 18 years of age or over.
12. Each Walker must comply with all legal and other requirements pertaining to fundraising activities and these activities, or activities associated with them, must not have an adverse effect on the reputation of Irish Wheelchair Association.
13. IWA subscribes to best practice in fundraising and all walkers are asked to ensure that sponsors are made aware that their contribution will be used to sponsor your participation on the walk.

DECLARATION

I wish to apply to take part in 2010 Boston Fundraising Walk with Irish Wheelchair Association.
I confirm that to the best of my knowledge I am fit and in good health to take part in this challenge. I accept responsibility for my actions and safety while on the event itself.

Signature: _____

Date: _____

Please return your completed application form to:
Helen Power, Fundraising Department, Irish Wheelchair Association, Blackheath Drive, Clontarf, Dublin 3
Ph: 01-8186469 or fax: 01 8333873 email: fund@iwa.ie

