

REGISTRATION FORM

FLIGHT OF THE EARLS WALK 2010

Departure Date	No. of Nights	Destination	Departure Airport	Hotel
20 th September	10	Rome	Dublin	Various

Participants must be 18 years of age or over.

Personal Details

Passport Details (enclose a photocopy of Passport)

Title (as on passport) _____

Passport Number _____

Surname (as on passport) _____

Nationality _____

Forename (as on passport) _____

Date & Place of Issue _____

Address _____

Expiry Date _____

Date of Birth _____

Place of Birth _____

Tel (wk) _____

In case of emergency please contact:

Tel (home) _____

Name: _____

Mobile _____

Phone: _____

Email _____

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 unless otherwise stated. (If you wish to avail of a single room please note that there is limited availability and there is an additional charge of €350)

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

Type of Room	Double Room	Shared Basis	Twin Room	Shared Basis	Single Room
	Wheelchair Accessible Room				

Name: _____

Address: _____

Please tick your t-shirt size: Small Medium Large xLarge Other

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 Flight of the Earls Walk 2010.

1. To take part in IWA's Flight of the Earls Walk 2010 you need to raise €4,550 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
6. Please ensure to reference the bank stub e.g. Mary Byrne, Flight of the Earls Walk 2010.
7. It is essential that all participants hold a valid passport.
8. All participants must obtain a European Health Insurance Card (EHIC) (available from your local health board) when travelling to any EU country. It is part of your insurance conditions.
9. All participants must disclose details of any pre existing medical conditions. Non disclosure may affect your insurance policy. If you have received hospital in – patient or out patient treatment within the 12 months prior to booking this trip you must obtain a medical certificate that you are fit to undertake this trip, that your condition is stable and that no exacerbation of the condition is expected. This must be obtained prior to acceptance of insurance. Please read your insurance certificate carefully paying particular attention to the medical warranty to ensure that the policy is suitable for you. This will be treated with the strictest of confidence and is purely for 'best practice' and insurance purposes.
10. 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.
11. All flights, accommodation, transfers and insurance will be organised by Marian Pilgrimages on behalf of Irish Wheelchair Association.
12. 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.
13. To apply for a place on Irish Wheelchair Association Flight of the Earls Walk, participants must be 18 years of age or over.
14. 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.
15. 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 Flight of the Earls Fundraising Walk with Irish Wheelchair Association.

I agree that my signature on this booking form constitutes my agreement to be bound by the conditions set out and I hereby confirm that my attention has been drawn to the said conditions herein contained.

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