



USPCA

REGISTRATION FORM

Please complete this form in BLOCK CAPITALS



PERSONAL DETAILS

TITLE	
FIRST NAME	
KNOWN AS	
SURNAME	
OCCUPATION	
D.O.B	
ADDRESS	
POSTCODE	
CONTACT NO.	
EMAIL	

DIETARY INFO	
T-SHIRT SIZE	
TRAVELLING WITH	

PASSPORT DETAILS

TITLE	
FIRST NAME	
SURNAME	
PASSPORT NO.	
NATIONALITY	
PLACE OF ISSUE	
DATE OF ISSUE	
DATE OF EXPIRY	

NEXT OF KIN DETAILS

TITLE	
FIRST NAME	
SURNAME	
RELATIONSHIP	
ADDRESS	
POSTCODE	
CONTACT NO.	
EMAIL	

REGISTRATION PAYMENT & DECLARATION



- I am enclosing the registration fee £395
- I agree to undertake to raise the minimum sponsorship £3,250
- I understand that all monies raised by me will be given to the USPCA
- I agree to purchase suitable travel insurance and to provide a copy to the USPCA Events team in advance of departure.
- I understand that the event will involve strenuous activity and that I need to have obtained an adequate level of fitness prior to departure.
- I will inform the USPCA Events team of any changes to my medical form prior to departure.
- I hereby certify that the information provided by me on these forms is to the best of my knowledge true and correct.
- I understand that if any of the information provided by me on any of these forms is incorrect, I may forfeit my place on the event.
- I am happy for my email address to be passed to other people signed up on the same trip.
- I am over 18 years of age at the date of departure.

Print Name		Signature		Date	
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Please return all forms and payment to:
Colleen Dowdall, Development Manager
USPCA head office, Unit 5 & 6 Carnbane Industrial Estate, Newry, BT35 6QH

