



CSC, c/o Unite, T&G Woodberry
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**CYCLE CUBA CHALLENGE 2010
REGISTRATION FORM**

Please complete this form in block capitals.

Personal Details.

Title (Mr/Mrs/Ms/Miss/other) _____
Last Name (as on your passport) _____
Forenames (as on your passport) _____
Name you wish to be called by _____
Date of Birth _____

Address _____
_____ Postcode _____

Contact telephone number _____
E-mail _____

Passport Details Required

Passport Number _____
Date of Expiry _____
Nationality _____

Next of Kin (in case of emergencies)

Name _____ Relationship _____
Address _____ Postcode _____
Contact telephone number _____

Accommodation

Accommodation will be in twin rooms allocated on a same sex basis unless you indicate you require a single room. If you wish to share with someone in particular please write his or her name here _____

Please tick the box if you require a single room £155 supplement payable.

Dietary Requirements

Do you require vegetarian food? Yes No

Do you have any other dietary requirements? If so please give details _____

Insurance

It is the responsibility of participants to arrange their own personal travel insurance policy, including cycle touring cover.

Cycle Cuba Challenge T-shirt.

Please indicate size required. Small Medium Large Xlarge

Where did you hear about Cycle Cuba Challenge? _____

Declaration

I have read, understood and agree to the Conditions of Entry and Havanatour Booking Conditions. I have enclosed a completed and signed Medical Questionnaire and Havanatour Booking Form and a non-refundable registration fee of £199.00 to secure my place.

Signed _____

Date _____

Please ensure that you have signed and returned the following:

Registration Form

Medical Questionnaire

Havanatour Booking Form

Registration fee

Cheques made payable to **Music Fund for Cuba**

To: Simon Bull, Tours Manager, Cuba Solidarity Campaign,
c/o UNITE T & G Woodberry, 218 Green Lanes, London, N4 2HB.