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CYCLE CUBA CHALLENGE 2012 REGISTRATION FORM

Please complete this form in block capitals.

Personal Details

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

Address _____
_____ Postcode _____

Contact telephone _____
E-mail _____

Passport Details (required for May Day Invitation)

Passport Number _____
Nationality _____
Date of Expiry _____

Contact Person in Case of Emergencies

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

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 her/his name here _____

Please tick the box if you require a single room £150 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 appropriate 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. Cheques should be made payable to Music Fund for Cuba.

Signed _____

Date _____

Please ensure that you have signed and returned the following:

Registration Form

Medical Questionnaire

Havanatour Booking Form

Registration fee

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