**30 Peaks Challenge**

**Saturday 20th – Sunday 21st June 2015**

Thank you for your interest in 30 Peaks 2015. To register and guarantee your team’s place, please complete the details below in

 **CAPITAL LETTERS** and return with your non-refundable registration fee to*:*

**MedEquip4Kids, Appeals Office, Rico House, George Street, Prestwich, Manchester M25 9WS**

Email:**info@medequip4kids.org.uk** Fax**: 0161 798 1601** Cheques should be made payable to **MEDEQUIP4KIDS**.

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| --- | --- |
| **4 Person Team:** | I enclose my £160 registration fee and agree to raise at least £1,600 (submitting £400 by Wednesday 24th May 2015) |
| **5 Person Team:** | I enclose my £200 registration fee and agree to raise at least £2,000 (submitting £400 by Wednesday 24th May 2015) |
|  **3 Person Team:** | I enclose my £120 registration fee and agree to raise at least £1,200 (submitting £400 by Wednesday 24th May 2015) |

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| --- |
| **Team Captain** (primary contact) |
| Title  | First Name(s) in full | Surname/Family name |
| Address  |
| Postcode | Date of Birth (dd/mm/yyyy) |
| Daytime tel no | Mobile tel no |
| Email Address |
| Do you have a medical condition about which the organisers should be informed? Yes / NoIf yes, please give details: |
| **Emergency Contact Details** |
| Name | Contact tel no |
| Relationship to you |
| **Please read carefully:** I wish to take part in the **30 Peaks Challenge** and I understand that MedEquip4Kids will not be held responsible for any personal injuries, loss or damage sustained whilst undertaking this challenge event, however arising, or for cancellation of the event for any reason outside of their control. I also agree to pay a non-refundable/transferable registration fee. I understand this event is not a race and I must obey any instruction given to me by a member of the event management team or their representatives. Signed (or type name if via email ) ……………….............…………........……...Date……...............… |
| **Team Member 2** |
| Title  | First Name(s) in full | Surname/Family name |
| Address  |
| Postcode | Date of Birth (dd/mm/yyyy) |
| Daytime tel no | Mobile tel no |
| Email Address |
| Do you have a medical condition about which the organisers should be informed? Yes / NoIf yes, please give details: |
| **Emergency Contact Details** |
| Name | Contact tel no |
| Relationship to you |
| **Please read carefully:** I wish to take part in the **30 Peaks Challenge** and I understand that MedEquip4Kids will not be held responsible for any personal injuries, loss or damage sustained whilst undertaking this challenge event, however arising, or for cancellation of the event for any reason outside of their control. I also agree to pay a non-refundable/transferable registration fee. I understand this event is not a race and I must obey any instruction given to me by a member of the event management team or their representatives. Signed (or type name if via email ) ……………….............…………........……...Date……...............… |
| **Team Member 3** |
| Title  | First Name(s) in full | Surname/Family name |
| Address  |
| Postcode | Date of Birth (dd/mm/yyyy) |
| Daytime tel no | Mobile tel no |
| Email Address |
| Do you have a medical condition about which the organisers should be informed? Yes / NoIf yes, please give details: |
| **Emergency Contact Details** |
| Name | Contact tel no |
| Relationship to you |
| **Please read carefully:** I wish to take part in the **30 Peaks Challenge** and I understand that MedEquip4Kids will not be held responsible for any personal injuries, loss or damage sustained whilst undertaking this challenge event, however arising, or for cancellation of the event for any reason outside of their control. I also agree to pay a non-refundable/transferable registration fee. I understand this event is not a race and I must obey any instruction given to me by a member of the event management team or their representatives. Signed (or type name if via email ) ……………….............…………........……...Date……...............… |
| **Team Member 4** |
| Title  | First Name(s) in full | Surname/Family name |
| Address  |
| Postcode | Date of Birth (dd/mm/yyyy) |
| Daytime tel no | Mobile tel no |
| Email Address |
| Do you have a medical condition about which the organisers should be informed? Yes / NoIf yes, please give details: |
| **Emergency Contact Details** |
| Name | Contact tel no |
| Relationship to you |
| **Please read carefully:** I wish to take part in the **30 Peaks Challenge** and I understand that MedEquip4Kids will not be held responsible for any personal injuries, loss or damage sustained whilst undertaking this challenge event, however arising, or for cancellation of the event for any reason outside of their control. I also agree to pay a non-refundable/transferable registration fee. I understand this event is not a race and I must obey any instruction given to me by a member of the event management team or their representatives. Signed (or type name if via email ) ……………….............…………........……...Date……...............… |

Where did you hear about this event? …………………………………..………… …………………………

(Please give as much detail as possible as to how you heard about this event, to help us plan events in the future)

Would you be happy to appear in a news story about this event? Yes / No

Money receipts will only be sent out on request. If you would like a receipt please tick the box**:**