

Life Changing Experiences

Event Name

Event Date

Application Form

- I apply to take part in the above event and undertake to abide by the rules and conditions.
- I make a commitment to raise the minimum sponsorship and send it to Scope eight weeks before the trip departs (this may vary, depending on the event – please refer to your event information).
- I undertake to raise as much sponsorship as possible.
- I enclose a cheque made payable to Scope or have completed my credit/debit card details at the end of this form for the registration fee.
- If applying to take part in one of Scope's ski and board challenges you must be a competent skier who can link parallel turns and is comfortable on 'red runs' in all weathers, or have had eight weeks experience on a snowboard.

To register

Please read and complete the remainder of this form and return it with your non-refundable registration fee and completed medical form to:

Event Fundraising, Scope, 6 Market Road, London N7 9PW

Tel 020 7619 7100 Fax 020 7619 7380

Email events@scope.org.uk

Before completing this form, please read it carefully. We recommend that you take a photocopy for your own records.

Every person must fill in and sign their own registration form. When we receive your registration fee, we will confirm your place and send you further fundraising details. The registration fee does not include personal travel insurance.

Previous participation

Have you taken part in a Scope event before? Yes No

If so, where and when:

Please note: The information contained in this application form was correct at time of going to press. Where relevant, you should check the current situation prior to departure.



Time to get equal

scope

About cerebral palsy.
For disabled people achieving equality.

Personal details

A name and address list will be sent out prior to the event. Please tick this box if you **do not** wish your name and address to be passed on to other participants.

Title (Mr/Mrs/Ms/Miss) Surname (as in your passport)

Forenames (as in your passport)

Name by which you prefer to be known

Address

Postcode

Home tel Work tel

Mobile Email

Occupation Company name

Marital status Place of birth Date of birth

Next of kin (N.B. This needs to be someone who is not travelling with you)

Name Relationship

Address

Postcode

Daytime tel Evening tel

Dietary requirements

Do you require vegetarian meals? Yes No

Other requirements (e.g. food allergies)

Passport details

Nationality Passport no.

Date and place of issue Date of expiry

It is essential that we have the above information. If you do not have a passport at the moment, just send in your entry form and let us have the details as soon as you can.

Note: Your passport must be valid until six months after the date of return to the UK.

T-shirts

We will provide a t-shirt to assist you in your fundraising.

Please tick size S M L XL XXL

Friends/room sharing

Please give the names of any friends who are taking part. Accommodation will be shared, with varying numbers of beds. It may be mixed sex and conditions may be basic.

Tick box if you would like to share a room with your friends

Name(s)

Employer details

Company/organisation name

Address

Postcode

Daytime tel

Are you being sponsored by/representing a company or organisation? Yes No

Does your company have a matched giving policy? Yes No

Does your company have a newsletter or intranet? Yes No

If yes, please provide details of the editorial contact and phone number

Do you have a personal connection with cerebral palsy or other disability?

Yes

No

Where did you see the event advertised?

E.g. via email, a specific website, flyer, postcard, radio, advert (please state name of newspaper/magazine and date), etc. Your feedback is greatly valued, so please help us to improve our promotion by filling this in.

Insurance

It is **your** responsibility to organise your own personal travel insurance policy covering health, accidents and loss. The tour operator's recommended policy will be included in the sponsor pack. You **must** have adequate insurance in order to take part in this event.

Medical information

You should be reasonably fit and enjoy sufficient good health to participate in a Scope adventure. Your sponsor pack will include training guidelines, which should be followed.

Enclosed is our medical form, which you must complete and return with this application. Please understand that it is essential our medical personnel are fully briefed on every person participating, so we need accurate and honest medical information.

Until this form is completed and approved, we cannot guarantee your participation in the event. We may require you to have your medical form signed by your GP – please refer to the medical form for further details.

All medical information will be treated with confidentiality and if you have any concerns you would like to discuss with us prior to completing this form then please contact us.

Vaccinations

Some vaccinations may be advisable for the country you are visiting. You must consult your own GP for advice. Further information is provided in the specific event information.

Passport and visas

Your passport must have at least six months to run from the date of return to the UK. For further visa information please refer to your specific event information. It is your responsibility to obtain a valid visa for the country you are visiting.

Photographs

Using paper-clips, please attach two passport-size photographs. Please write your name clearly on the back of each photograph.

Referee

Please give details of one referee who is well known to you.

Name

Daytime tel

Address

Postcode

Conditions of entry

- 1 We require a registration fee (non-refundable) and you must also undertake to raise at least the minimum sponsorship money for Scope. Your minimum sponsorship must be received by Scope eight weeks prior to departure. If you raise £1,000 over the minimum sponsorship your registration fee will be returned to you if you wish.
 - 2 If you are unable to meet these sponsorship requirements, you may forfeit your place on the event – or you may choose to make up the balance yourself.
 - 3 Should you, for whatever reason, not take up your place, all sponsorship forms and sponsorship monies collected should be forwarded to Scope.
 - 4 You must be at least 18 before the departure date of the event.
 - 5 Entry conditions into countries vary but you must not suffer from alcohol or drug dependency. You should not have any criminal convictions.
 - 6 Your passport must be valid for at least six months from date of return to the UK. You are responsible for ensuring that you have a valid passport and appropriate visa for the challenge. Passport control and in-country authorities will reserve the right to refuse entry.
 - 7 Scope adventures are organised by various tour operators:
Discover Adventure ATOL No 5636
Classic Tours ATOL No 3379
Ski Independence ATOL No 0749
- Across The Divide ATOL No 6475**
Tall Stories ATOL No 5467
The Ultimate Travel Company ATOL No 5111
- By registering, you agree to be bound by these terms and conditions and the tour operators' booking conditions. If you require a copy of these please contact the events team on 020 7619 7100.
- 8 All funds raised for Scope through the event must be payable to Scope.
 - 9 You must be covered by insurance for health, accident and loss.
 - 10 All participants take part at their own risk.
 - 11 For health and safety reasons the tour operator, ground agents and/or medical staff reserve the right to stop any person from participating.
 - 12 Scope, tour operator and local staff should not be subject to inappropriate behaviour; either verbal or physical. We reserve the right to stop any person from participating in the event should we feel that boundaries have been crossed.
 - 13 I consent to Scope contacting me via telephone, fax, letter or email for any matter relating to my fundraising and my participation in Scope events.
 - 14 I have enclosed my non-refundable registration fee. I have read and agree to the above conditions.

Signed

Date

Credit/debit card details for the registration fee

(Please use debit cards where possible as Scope is charged more for credit cards.)

Card type:

Issue no. (if shown)

Cardholders name and address if this is not your card

Card number (long number in centre of strip)

Security code _____

Expiry date: ____ / ____

Valid from: ____ / ____

Registration amount

Signature

Date