



BibleLands, PO Box 50, High Wycombe, Bucks HP15 7QU Registered Charity 1076329

## Different Travel Booking Form

Please complete the form below in block capitals

*Please fill in this form and return it with your deposit, to the address provided below.*

**Name of trip:** BibleLands Egypt Challenge  
**Dates of trip:** 4 – 15 March 2011  
**Registration Fee:** £50  
**Minimum Sponsorship and date due:** £1700 due 14 January 2011

Your full name as it appears in your passport .....

Address .....

.....

.....

Postcode ..... Telephone (home) .....

Mobile ..... Telephone (work) .....

Marital Status ..... Date of birth .....

Email ..... Occupation .....

Company name .....

Next of Kin (This should be someone who is **not** travelling with you)

.....

Name .....

Relationship .....

Address .....

.....

.....

Postcode ..... Telephone (home) .....

Mobile ..... Telephone (work) .....

### **Details of your stay**

Accommodation will be shared. Please give the name(s) of anyone with whom you specifically wish to share (please tick if you are a couple). Please note that all rooms are twin sharing.

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Dietary requirements Do you require vegetarian meals (please tick) yes  no

Other requirements (e.g. food allergies)

.....

.....

**Passport details**

Nationality .....

Passport number .....

Date and place of issue .....

Date of expiry .....

**Please note that your passport must be valid for six months after the end of the event.**

**Travel Insurance details**

Name of your Travel insurance provider\* .....

Travel insurance policy no. ....

Insurance Emergency Contact No .....

\*Please see below for a company that specialises in policies that cover everything in our challenges.

**Contact details**

Prior to the event, we will circulate a list of all those taking part. This list will include addresses, telephone numbers and e-mail in order for participants to contact each other.

If you would like to be included in the participant list please tick relevant boxes below. (i.e. numbers you are happy to be disclosed)

My address

My telephone no

My e-mail

**Agreement**

*I confirm that I have read, and accept the terms and conditions of contract accompanying this form (see attached document).*

- *I apply to take part in the above event and undertake to abide by the rules and conditions.*
- *I enclose a cheque for the registration fee (payable to BibleLands. I understand that this is non-refundable.*
- *I wish to pay the registration fee by bank transfer, please send me your bank details.*
- *I confirm that I have confirmed with my insurance company that my policy covers everything involved in the challenge. Different Travel and BibleLands cannot be held responsible for any loss arising from failure to ensure you have adequate insurance cover for all activities involved.*

Signed .....

Date .....

*Don't forget to complete the medical form and sign and date the back of this form before returning to us.*

Please return this completed form, along with your cheque(s) (if applicable) to:



Caroline Rance  
BibleLands  
Po Box 50  
High Wycombe  
Bucks HP15 7QU



Campbell Irvine policies have been specifically designed to cover our unique trips. They offer a comprehensive volunteer travel insurance policy which provides the necessary cover by Campbell Irvine and is underwritten by AXA Insurance (UK) PLC.

24-hour Worldwide Emergency Medical Service is supplied, and you are automatically covered for activities such as manual work, trekking, extreme sports and - should you want to - even bungee jumping!

For further details contact Campbell Irvine direct on 020 7937 6981 and request a quote for a 'Different Travel Company' policy or refer to their website <http://www.campbellirvine.com/>.

# Different Travel Medical Form

Please complete the following form. If you answer 'yes' to any of the questions, we ask you to have a physical examination and provide a completed medical form from your Doctor. There will be first aid trained staff with the group at all times. However, parts of the route will be away from main cities and hospitals and medical facilities will not be up to UK standard.

**Participant's details**

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Trip name \_\_\_\_\_ Trip dates \_\_\_\_\_

Blood Group \_\_\_\_\_ Height \_\_\_\_\_ Weight (kg) \_\_\_\_\_

**Please state whether the above named person has/has not had any of the following conditions:**

	Yes	No	If yes, please give details
1/ Raised blood pressure?			
2/ Heart or circulatory disease?			
3/ Epilepsy and/or fainting attacks?			
4/ Psychiatric or mental illness?			
5/ Chest or lung disease?			
6/ Vertigo?			
7/ Diabetes?			
8/ Joint or back injuries/problems?			
9/ Allergies (Hay fever, dietary, chemicals, drugs etc)?			
10/ Asthma, bronchitis, and/or shortness of breath?			
11/ Digestive or bowel disorders?			
12/ Cerebral disease?(e.g. stroke, head injuries etc)			
13/ Fractures, tendon, ligament/cartilage damage?			
14/ Surgical operations?			
15/ Haematological or blood disorders?			
16/ Metabolic or endocrinal disorders?			
17/ Pregnancy?			
18/ Physical disability or other disabilities?			
19/ Carrier of infectious diseases			
20/ Migraine?			
21/ Hospitalised in last 2 years?			
22/ Registered disabled?			
23/ Any illness or conditions not already mentioned?			

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**\* Please note: if you answer yes to any of the questions above please give details of dates and type of treatment. Please mention medication used and frequency/severity of condition.**

*For your doctor or GP (if applicable):*

In my opinion \_\_\_\_\_ (name of client)

Is FIT/NOT FIT to undertake the above expedition.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Tel. no of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_