

UK Treks 2011

Booking Form

BREAST CANCER

BREAKTHROUGH

Please mark the boxes with an X and use block capitals when writing

I would like to take part in:

Prima Scottish Lochs (13-15 May 11) ☐ Devon Coastal Challenge (1-3 July 11) ☐
Cotswolds Way Trek (10-12 June 11) ☐ Gower Coastal Challenge (15-17 July 11) ☐
Prima Lake District Trek (24-26 June 11) ☐ Prima Cotswolds Trek (5-7 August 11) ☐

I would like the Full Package (includes accommodation) ☐ OR Event Only ☐

I would like to stay an extra night ☐

I would like a Twin Room ☐ OR Single Room ☐

If you are requesting a Twin Room please tell us the name of the person you would like to share with:

Please note that room allocation will be on a first come first served basis. Walkwise UK will use their reasonable endeavours to hold rooms in the hotel named but reserve the right to use another accommodation of the same standard.

**Please make your Booking Deposit and Trek Balance payments payable to
Walkwise UK Trust Account**

I enclose my £50 non-refundable Booking Deposit made payable to Walkwise UK Trust Account: ☐

OR

I enclose my £50 non-refundable Booking Deposit and remaining trek balance: ☐

The balance for all treks whether Event Only or Full Package is due 8 weeks before the trek date, or can be paid upon booking.

Title: _____ First name: _____ Surname: _____

Address: _____

Postcode: _____

Contact No: (Day) _____ Contact No: (Evening) _____

Email: _____

Date of Birth: _____

Occupation _____ Employer _____

Does your company operate match funding? Yes / No

PTO

T-Shirt Size: Small ☐ Medium ☐ Large ☐ X-Large ☐

Dietary Requirements (if any):

How did you find out about our UK Trekking Challenges?

Prima Magazine ☐

Previous Trekker ☐

Breakthrough Website ☐

DoitforCharity.com ☐

Breakthrough Mailing ☐

Timeoutdoors.com ☐

Friend/Family/Colleague ☐

Other ☐

If other please explain: _____

Walkwise booking terms and conditions:

1. Your place will only be booked once Walkwise UK Ltd receive your Deposit of £50.00 (this is non-refundable).
2. Any provisional booking will be held for 14 days pending receipt of your deposit.
3. Cheques are to be made payable to **Walkwise UK Trust Account**.
4. The balance of your trek must be received 8 weeks prior to the start date of the event.
5. Up to 8 weeks prior to the event if you cancel, your cancellation will result in loss of deposit. Thereafter the following cancellation charges will apply:
Cancellation up to 6 weeks prior – 50% of the price
Cancellation up to 3 weeks prior – 75% of the price
Cancellation up to 2 weeks prior – 100% of the price
6. The event will be organised, operated and managed by Walkwise UK Ltd.

Please read:

- I apply to take part in a UK Trekking Challenge 2011.
- I have read and agree to Walkwise's Booking Terms and Conditions for the challenge (above).
- I enclose a non-refundable £50.00 Booking Deposit and Medical Declaration Form (attached).
- I have paid upon booking or agree to pay at least 8 weeks prior to the trek date, the remaining balance to Walkwise UK Trust Account.
- I understand that this event is organised and run by Walkwise UK Ltd and my contract is with them, not Breakthrough.

Print Name: _____

Signed: _____

Date: _____

Breakthrough may phone or write to you about your support and to keep you updated on the work you are helping to fund. If you would prefer not to be contacted call us on 08080 100 200.

Breakthrough Breast Cancer Fundraising Agreement

I confirm that I will:

- Use my best endeavours to raise the £250 minimum sponsorship pledge for Breakthrough Breast Cancer (Breakthrough);
- Not do anything to bring the reputation of Breakthrough into disrepute;
- Before producing, printing and distributing materials bearing Breakthrough's name or logo, obtain prior approval from Breakthrough;
- Include on all materials "Breakthrough Breast Cancer is a charity registered in England & Wales No. 1062636 and Scotland No. SC039058.";
- Pay all proceeds from my event solely to Breakthrough within four months of my fundraising event (*unless otherwise agreed and confirmed in writing*);
- Obtain approval from Breakthrough before approaching press or celebrities to support my event;
- Ensure that my event, including hire of equipment or any third parties employed for the event, are fully covered by insurance (*Breakthrough's insurance may cover certain events - please contact us with details of your event to apply for cover and obtain approval from our insurers*);
- Adhere to Breakthrough's procedure, including signing the relevant form, for use of collection cans if I require them;
- Not carry out house-to-house collections;
- Not carry out collections in public places without appropriate local authority approval in the form of a collector's licence; and will obtain the permission of the owner if collecting on private property;
- Acquire a liquor licence if I intend to sell alcohol at my event on unlicensed premises;
- Follow Breakthrough's Raffle Guidelines if holding a raffle at my event. (*Please note that if selling raffle tickets prior to an event a licence will be needed, but not if tickets are sold at the event*);
- Return to Breakthrough any issued fundraising materials that I have not used so that they can be distributed to other supporters / fundraisers;
- Not resell or offer for auction any Breakthrough fundraising materials without Breakthrough's prior consent;
- Acknowledge that Breakthrough cannot take responsibility for any losses made through my event;
- Require all sponsors to complete the necessary sponsorship form provided by Breakthrough;
- Note that all sponsorship money is a donation and not refundable even if I fail to take part or withdraw from an event.

Print Name: _____

Sign: _____

Date: _____

Please return your completed Booking Form and Booking Deposit to:

UK Treks
Breakthrough Breast Cancer
Weston House
246 High Holborn
London
WC1V 7EX

Remember to make your cheque payable to Walkwise UK Trust Account

Walkwise UK Medical Declaration

The information provided on this form will be treated as **CONFIDENTIAL** and is only required in order to enable the Walkwise staff to give appropriate medical help and support if required.

Print Name: _____

Contact Telephone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Do you / have you ever had:

Yes

No

Heart trouble, raised blood pressure?		
Asthma, Bronchitis, Tuberculosis?		
Diabetes?		
Epilepsy, Fainting, Migraine, Severe Head Injury?		
Nervous Illness?		
Hayfever?		
Allergy e.g. to medicine, insect bites, food?		
History of fractures, tendon / ligament damage?		
Are you suffering from, or are a carrier of any infectious diseases?		
Have you been hospitalised in the last 2 years?		
Are you taking any medication?		

If you have answered **YES** to any of the previous questions, please give further details here. Please add any further relevant medical Information.

Additional Information:

Please complete and return this form along with your Booking Form and Booking Deposit.