



Regional Winner 2007

Thursday, 19 November 2009

Association of Jersey Charities Number: 268

Freephone; 0800 735 1070

REGISTRATION FORM

Trek Jordan 31st October to 7th November 2010

Please read the enclosed Conditions of Entry before completing all sections of this form.

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms/Dr): First Name: Last Name:

Preferred name: Date of Birth: .. / .. / ..

Address:

..... Postcode:

Tel. Home: Tel. Work: Tel. Mobile: Email:

Height..... cm) Weight..... kg)

How did you hear about the event?

I have read, understand and agree to abide by the Conditions of Entry. I understand that by signing this form I am confirming that my general state of health is good, that I am sufficiently fit and healthy to participate in this challenge and will raise a minimum of £1,600 for Autism Jersey. I enclose my non-refundable registration fee of £300 along with the completed registration form.

Signed _____ Date _____

Please return your completed registration form and cheque for £300 made payable to **Autism Jersey** and send to;
Trek Jordon, Autism Jersey, 4 Edward Place, The Parade, St Helier, Jersey, JE2 3QP

Autism Jersey • AJ's • 4 Edward Place • The Parade • St Helier • Jersey • JE2 3QP
Tele; 01534 871888 • Fax; 01534 871788 • Mob; 07797 745567 • Email; admin@autismjersey.org