

BHAGAVAT EDUCATIONAL TRUST BULGARIA

609 Fishponds Road
Fishponds
Bristol



BS16 3AA
Great Britain

'It is better to light a candle than curse the darkness'

Tel: +44(0)1179585900
Fax: +44(0)1179585200

MAKE A DIFFERENCE IN ONLY 5 NIGHTS REGISTRATION FORM



Please read and complete all sections of this form. Please write clearly using capital letters.

Once completed please return to:

BHAGAVAT EDUCATIONAL TRUST
609 Fishponds Road, Fishponds
Bristol, BS16 3AA, Great Britain

Checklist:

- Completed and signed registration form
- Registration cheque or credit card details
- Signed Terms and Conditions
- Photocopy of passport
- Passport sized photograph

Days in which you would like to complete the challenge:

From _____ To _____ (9 days)

Personal details

Title (Mr/Mrs/Ms/Miss/Other) _____
Forenames _____ Surname _____
Name by which you like to be known _____ Gender (M/F) _____
Address _____
County _____
Postcode _____ Home phone _____
Work phone _____ Mobile phone _____
Email _____ Occupation _____
Employer's name and address _____

Please tick this box if you agree to receive email information from Bhagavat

Please tick this box if you agree to receive email information from the trading partners of Bhagavat

I agree to my contact details being shared with my fellow challenge participants Yes No

Passport details – Please send a photocopy of the photo page of your passport with this registration form.

Name as it appears on your passport _____
Date of birth _____ Age at time of challenge _____
Place of birth _____ Nationality _____
Marital status _____ Passport number _____
Place of issue _____ Issue date _____ Expiry date _____

Please note – your passport must be valid for the duration of the visit.

Dietary requirements

Do you have any special dietary requirements/food allergies? Yes No

Vegetarian Gluten free Nut allergy Other _____

Emergency contact details – please give details of the person you would like us to contact in the event of an emergency – this should not be someone who will be on the challenge with you.

Name _____ Relationship _____
Address _____
Postcode _____ Daytime phone _____
Evening phone _____ Mobile phone _____

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Accommodation

Accommodation will be shared (usually twin-bedded) single-sex rooms. Please let us know if there is someone else on the challenge you would like to share with _____

Which t-shirt size do you require? Small Medium Large Extra large

Fundraising

Please give a brief outline of how you would go about raising the required sponsorship

How did you find out about our event?

- | | |
|---|--|
| <input type="checkbox"/> Poster/postcard | Please specify where you saw the poster/postcard _____ |
| <input type="checkbox"/> Magazine/newspaper | Please specify publication and date _____ |
| <input type="checkbox"/> Other website | Please specify website _____ |
| <input type="checkbox"/> Your company | Please tell us the name of your company _____ |
| <input type="checkbox"/> Friend | Please tell us your friend's name _____ |
| <input type="checkbox"/> Email from BET | <input type="checkbox"/> BET website _____ |
| <input type="checkbox"/> Other | Please specify _____ |

Would you like us to send details to a friend? Yes No

Their details:

Name _____

Address _____

Postcode _____ Email _____

Daytime phone _____ Evening phone _____

Registration payment

I enclose a non-refundable fee* of £ _____

Cheque (please make cheques payable to Bhagavat Educational Trust)

Credit Card

Card type: MasterCard Visa Switch/Maestro Delta Solo Electron CAF Card

Name on card _____

Address of cardholder (if different from above) _____

Card number

Valid date ____ / ____ Expiry date ____ / ____ Issue number (Switch/Maestro only) _____

Security code (last three digits on the back of your card)

* Your registration fee will be refunded if BET cancel the event for any reason.

Data protection – Bhagavat Educational Trust appreciates your contact and the support that you give to us.

We would like to keep you informed about our initiatives by email. Please tick the boxes if you object to us:

- | | |
|--|--|
| <input type="checkbox"/> telling you about our fundraising events | <input type="checkbox"/> telling you about our charitable activities |
| <input type="checkbox"/> passing your details to other reputable organisations | <input type="checkbox"/> contacting you occasionally by telephone |

Declaration

I confirm that all of the information provided by me on this form is to the best of my knowledge true and correct. I understand that if any of the information provided by me on the form is found to be false, I risk losing my place on the Challenge.

Signed _____ Date _____