

River Mosel Bike Ride 2010

In order to guarantee your place we ask you to complete this form and send a £150 deposit by cheque by 18^{th} June 2010.

Forename(s) (as on passport)		
Surname (as on passport)		
Email		
Home address		
Daytime phone		
Evening phone		
Mobile phone		
Would you like us to send details to a friend?		
Name:		
Address:		
Phone:	Email:	
Would you like to be added to a contact sheet to be distributed to fellow		
participants?		
Yes □	No □	
Would you like to be added to Maternity Worldwide's general e-list to receive		
updates about the charity's work?		
Yes □	No □	
Acceptance of Conditions of Entry I apply to take part in the Maternity Worldwide River Mosel Bike Ride 2010 and confirm to the best of my knowledge that my general state of health and fitness is good. I confirm I have read and agree to the Conditions of Entry as outlined in the documentation.		Maternity Worldwide to reclaim the tax on this and any future donations you make. You must have paid income or capital gains tax in the
Signature	Date	

Thank you - on receipt of this form we will confirm receipt of your deposit and send you an information pack with further information.

Please return this form fully completed and signed to:

Maternity Worldwide, Unit 9, Level 4, New England House, New England Street,

Brighton. BN1 4GH