

<b>Full Name:</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	
<b>Occupation:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Causes you care about:</b>	<input type="checkbox"/> Maternal health <input type="checkbox"/> Women's welfare <input type="checkbox"/> Destructive diseases <input type="checkbox"/> Education <input type="checkbox"/> Disabilities <input type="checkbox"/> Other
<b>Are there any medical conditions that you feel will affect your ability to take part in the GER and the volunteering activities, or that you think we should know about?</b>	

**Would you like to be added to our mailing list?**

- Email** \_\_\_\_\_
- Postal** \_\_\_\_\_
- No**

**Participant Confirmation of Requirements**

I agree that I will (*please tick*):

- Pay the non-refundable registration fee (deposit) of €1,000 to secure my place on the trip.
- Raise a minimum of €3,500 (if including flights) and achieve this by 15<sup>th</sup> October 2018.

If your travel plans are different to the main trip please let us know if

- A) You would like us to book alternative flights dates
- B) You will book your own flights –we will deduct €600 from your fundraising target.

*I plan to arrive on \_\_\_\_\_ and depart on \_\_\_\_\_ (if known)*

- Arrange and pay for my own travel insurance.
- Arrange my own travel to and from Dublin airport.
- Consult with my Doctor to ensure that I have the appropriate vaccinations, are fit to travel and take part in the run (the run can also be walked).

I understand that my place on the programme may be lost if I fail to meet any of the conditions above. I understand that all funds raised or donated to Ethiopiaid as a result of my participation in the GER are non-refundable.

Print full name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application form together  
with €1,000 deposit to secure your place.**