



Great Wall of China Trek (10th – 18th October 2020)

Please email this completed form and a photo of your passport data page to: info@different-travel.com

Alternatively you can post your form with a photocopy of your passport data page to:
The Different Travel Company, 4 Downs Park Crescent, Totton, Southampton, Hampshire, SO40 9GH.

Please complete all sections of the form below in **BLOCK CAPITALS**

Your Details (please complete your name **exactly** as it appears on the passport **you will travel with**)

Title (Mr, Mrs, Miss, Ms, Dr): _____

First name: _____

Prefer to be known as: _____

Middle names: _____

Surname: _____

Full address and postcode: _____

Email address (that you check regularly): _____

Mobile number: _____

Telephone number: _____

Date of birth (DD/MM/YYYY): _____

Age at time of travel: _____

Gender: _____

Do you have any dietary requirements or preferences (e.g. vegetarian/ allergies)? Yes No

If dietary requirements, please specify:

If allergies, do you carry an epi-pen?

I confirm that the names I have written above are exactly the same as on the passport I will travel with.
I understand that if I provide incorrect details any name-change surcharges are payable by me.

Your Passport Details (please enclose a photocopy or photo of your passport data page)

Passport number: _____

Nationality on passport: _____

Date of passport issue (DD/MM/YYYY): _____

Date of passport expiry (DD/MM/YYYY): _____

I have enclosed a copy of my passport (**required**): Yes No

Your passport must be valid for six months from the date of entry into the country.

NOTE: If your passport details are changing before departure please **indicate this here** and apply for your new documents as soon as possible.

Your Next of Kin Details (someone **not** travelling with you that can be contacted in an emergency)

Next of kin full name: _____

Relationship to you: _____

Email address: _____

Telephone (home): _____

Mobile: _____

Telephone (work): _____

Full address and postcode: _____

Room Arrangements

Accommodation will be on a shared basis unless otherwise noted in the itinerary. Please state the name of anyone with whom you specifically wish to share. _____

If you are a couple and require a double room together (if available), please tick this box





Travel Insurance Details

Travel insurance is mandatory. You are recommended to purchase it at the time of booking as this may protect your non-refundable registration fee in the event of unexpected cancellation prior to the challenge. You are responsible for ensuring that **all** activities you undertake during the trip (including emergency rescue, trekking etc.) are covered by your insurance policy. If you do not have an existing travel insurance policy please see page 5 for more information.

Travel insurance provider: _____

Travel insurance policy number: _____

Travel insurance 24hr emergency assistance telephone number*: _____

*The 24 hour emergency assistance telephone number is the insurance company phone number that should be called in the event of a medical emergency while you are abroad, for example to arrange airlifting or hospital treatment.

Payment Details

The total trip price is **£1,925** (based on a minimum of 10 participants). There is a **non-refundable deposit of £325** to pay at the time of booking to confirm your place plus a **balance of £1,600** which is due to be paid 8 weeks before departure.

Deposit (please select one option)

1. I wish to pay the **deposit of £325** by bank transfer, please send me the bank details. (tick)
2. I enclose a cheque for the **deposit of £325** payable to The Different Travel Company. (tick)

Balance

I agree to **pay the balance of £1,600** to The Different Travel Company by Friday 14th August 2020.

(tick)

Fundraising Details

I pledge to **fundraise at least £1,500** for St Leonard's Hospice by **Friday 9th October 2020**. (tick)

I understand that the £1,500 fundraising target is in addition to, and separate from, the £325 deposit and the £1,600 balance. (tick)

You will be provided with fundraising tips and advice when you book. If you need further advice on how to fundraise, please contact St Leonard's Fundraising Team on 01904 777777.

Your Challenge

Where did you hear about this trek?

What made you sign up for this trek?

Have you taken part in an organised trek or challenge event in the UK or abroad? If yes, please specify.





Medical Declaration Form

It is for your own safety that we find out about your medical history to ensure that you can cope with the demands of the trip safely and without risk to your health. **Your answers will be treated in the strictest confidence.** It is a condition of your registration that you give full and accurate details. If any details change you must update us and your travel insurance company.

Please complete this form clearly in **BLOCK CAPITALS**. Continue on a separate sheet if needed.

Full Name:

Blood Group (if known)

Height:

Weight:

Trip name: St Leonard's Great Wall of China Trek

Trip Dates: 10th – 18th October 2020

Do you suffer from (now or in the past) any of the following?	Please provide FULL details including medication used (continue on a separate sheet)
1) Raised <input type="checkbox"/> or low <input type="checkbox"/> blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2) Heart or circulatory disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3) Epilepsy/seizures/convulsions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4) Psychiatric disorder(s)/depression? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5) Vertigo / balance disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6) Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) Diabetes? Which type? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8) Fear of heights? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9) Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10) Asthma <input type="checkbox"/> or lung condition <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11) Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12) Joint or back injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13) Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14) Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15) Fractures? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16) Tendon, ligament, cartilage damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17) Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18) Are you pregnant now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19) Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20) Allergies (e.g. hay fever <input type="checkbox"/> , food <input type="checkbox"/> , drugs <input type="checkbox"/>)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21) Hospitalised/surgery in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22) Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23) Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24) Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
25) Do you take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	

This following section should be completed by your doctor/physician if you have answered 'YES' to the questions on the medical form above.

The person named above will be participating in a 9 day organised trip during which he/she will be trekking for up to 8 hours per day for 5 days over hilly terrain, carrying a rucksack approx. 6-7kg, in a variable climate (25°C days, 5°C nights), staying in hotels and guesthouses. The event is within 24 hours of a hospital. With the above information (and taking into consideration the medical history of the participant) if there is any matter which you feel that The Different Travel Company Ltd should be aware of, please supply details on a separate sheet. If you require any further details please contact The Different Travel Company Ltd on 0788 169 8623 or info@different-travel.com.

I have read the above paragraph and agree that the participant's medical details are correct.

Doctor's Signature: _____

Doctor's Name (Block Capitals Please): _____

Date: _____ Practice Address: _____





Declaration

Important – Please read carefully before signing

I confirm that all the information provided on this booking and medical form is to the best of my knowledge true and correct. My medical declaration is a true and accurate description of my medical history and current condition and I give permission for my GP, consultant or specialist to release information pertinent to the challenge to The Different Travel Company if required.

I understand that by giving false information I endanger both my own safety and that of others on the trip. I take responsibility for ensuring I have sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur. I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and endanger myself and other team members, and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

I agree to permit first aid-trained personnel the opportunity to tend to an illness, injury or any other medical condition as far as their training permits until specialist care can be sought, if required. I agree to accept responsibility for any and all costs associated with any illness, injury or other medical condition that may happen to me during this trip. Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions if required. I understand that this event requires a certain level of fitness and is physically testing and that if I am deemed to be unfit for the challenge I may be asked to leave the group.

I acknowledge that any dietary requirements, including food allergies, will be catered for to the best of The Different Travel Company's, and our local partners', ability. In line with standard warning labels and allergy information guidelines, we cannot guarantee that food preparation will have taken place in a contamination-free environment.

In the unlikely event of an accident, loss or damage to my personal effects, illness, injury or other untoward occurrence arising from any medical condition, I acknowledge that The Different Travel Company cannot accept any liability or expenses (other than to the extent that death or personal injury arises as a result of its negligence) and I waive all claims against The Different Travel Company in this respect.

I confirm that I have read and accept the terms and conditions (available on <http://www.different-travel.com/faq.php#thetours>) and undertake to abide by the terms and conditions. I confirm that I will verify with my current/future insurance company that my policy (will) cover(s) everything involved in the challenge. I understand that The Different Travel Company cannot be held responsible for any loss arising from my failure to ensure I have adequate insurance cover for all activities involved. I understand that single and group photos may be taken of me during the challenge and I am happy for any photographs to be used for marketing and future publications.

Signed

Print Name

Date

Data Protection Your data will be held by The Different Travel Company and passed on to suppliers of your travel arrangements, public authorities such as Customs or Immigration (if required by them, or as required by law), and may also be used for statistical purposes in the future. If we cannot pass this information to suppliers necessary to make your travel arrangements, whether in the EEA or not, we will be unable to provide your booking. For our full privacy policy, please see <http://www.different-travel.com/privacy.php>. Your contact details will be passed to St Leonard's Hospice so they may support you with fundraising ideas and updates specific to this trek.

ATOL Protection This flight-inclusive holiday is financially protected by the ATOL scheme (ATOL 6706). When you pay you will be supplied with an ATOL Certificate. Please ask for it and check to ensure that everything you booked (flights, hotels and other services) is listed on it. Please see our booking conditions for further information or for more information about financial protection and the ATOL Certificate go to: www.atol.org.uk/ATOLCertificate

Communication

If you would like to receive marketing correspondence from The Different Travel Company, please tick here:

If you would like to receive marketing correspondence from St Leonard's Hospice, please tick here:

Your contact details will never be shared with third parties for marketing purposes.





PARTICIPANT: THIS IS YOUR PAGE TO KEEP!

Travel insurance

You are **required** to have travel insurance to participate in this trip. We advise that travel insurance is purchased at the time of, or shortly after booking as depending on your policy, **this may protect your registration fee** in the event of cancellation as well as protecting you during the trip. Your insurance policy must include emergency evacuation.

The Different Travel Company is an authorised introducer for **Campbell Irvine Direct** travel insurance. Campbell Irvine offer comprehensive travel insurance policies, 24-hour worldwide emergency medical assistance and you are automatically covered for activities such as trekking and extreme sports.

To find out more visit their website www.campbellirvinedirect.com/differenttravel

Finances

Your deposit of **£325** is non-refundable and therefore it is important to have travel insurance in place at the time of booking, as this may protect you in the event of you cancelling due to unexpected circumstances (e.g. illness/injury).

You have committed to paying a balance of **£1,600** to The Different Travel Company by **Friday 9th August 2019**. If this deadline is not met your place on the challenge may be cancelled.

You have also pledged to fundraise at least **£1,500** for St Leonard's Hospice by **9th October 2020**. None of this fundraising target will be used to pay for your trip costs.

You will be provided with fundraising tips and advice when you book. If you need further advice on how to fundraise, please contact St Leonard's Fundraising Team on 01904 777777.

Please note that there will also be additional costs that you will need to budget for such as the Chinese visa, vaccinations, tips, personal kit etc.

Communication

To achieve their environmentally friendly aims of being as paper-free as possible, The Different Travel Company prefers electronic means of communication (email and phone).

Please ensure you have provided your details above legibly and check your email junk or spam folder regularly to avoid missing important updates.

Your pre-departure information containing flight details, visa support and other information pertinent to the trip will be emailed no earlier than **8 weeks before departure**, once your trip costs have been paid. Flight e-tickets will be emailed to you **2 weeks before departure**.

If any of your details change (e.g. passport details, medical history, mobile number) or if you require advice or support about the trek please contact The Different Travel Company on info@different-travel.com.

We wish you all the best with your fundraising and training!

