

# breast cancer now

## *Sarah Greene Tribute Fund for Breast Cancer Now 'Rhone Cycle Randonnée Challenge 2019'*



***Funding research to find a cure for 'triple negative breast cancer' which is a particularly aggressive form of breast cancer.***

### ***Vienne to Montpellier, France 3rd – 5th October 2019\****

*(Please note: transport will be organised to depart from London to Lyon and then onto Vienne on the morning of Wednesday 2<sup>nd</sup> October in the morning and returning from Montpellier to London on Sunday 6<sup>th</sup> October 2019 in the evening) \**

Please read and complete all sections of this Registration Form and send to Hen Wheatman (along with your registration fee) by no later than 31<sup>st</sup> March 2019 to secure your place on this ride.

The fee includes all travel (to and from London), entertainment, food and event and cycle support & transportation.

<p>The Sarah Greene Tribute Fund</p> <p>c/o: Hen Wheatman Burlyns, Ball Hill, Hants, RG20 0NU</p>	<p><b>CHECKLIST:</b> Please make sure you have enclosed the following:</p> <p>Signed and completed Registration Form along with your non-refundable deposit of <b>£100</b> made to The Sarah Greene Tribute Fund.</p> <p><b>Total fee due £850. Balance of £750 to be paid no later than 31.4.19.</b></p>
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PLEASE WRITE CLEARLY IN CAPITAL LETTERS

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**PERSONAL DETAILS:**

Title (Mr/Mrs/Ms/Miss/other) \_\_\_\_\_  
(as on passport)

Forenames \_\_\_\_\_  
(as on passport)

Surname \_\_\_\_\_  
(as on passport)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Nationality \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

T-Shirt Size                    S            M            L            XL            (Please circle)

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**PASSPORT DETAILS:**

Passport No. \_\_\_\_\_ Country of Issue \_\_\_\_\_

Issue date \_\_\_\_\_ Expiry date\* \_\_\_\_\_

**Please note: Your passport must have at least six months to run from the date you return to the UK**

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**SPECIAL REQUIREMENTS:**

Do you have any special dietary requirements/food allergies?

- Vegetarian     Vegan     No Fish

Those with other dietary requirements should bring supplementary food

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**ACCOMMODATION:**

If there is anyone you would like to share with please write their full name here (otherwise participants will be allocated rooms on same sex sharing basis – rooms will be twins / triples / quads). We will try to accommodate your request, however it cannot be guaranteed.

Name(s) \_\_\_\_\_

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**CELEBRATION DINNER IN MONTPELLIER (Saturday 5<sup>th</sup> October 2019):**

How many family members or friends will join you for the celebration on Saturday night? \_\_\_\_\_

Will they need to join the rest of the group when we return to London? \_\_\_\_\_

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**WOULD YOU LIKE US TO SEND DETAILS OF THIS RIDE TO A FRIEND?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

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**DECLARATION:**

I apply to take part in the Rhone Cycle Randonnée Challenge 2019 Vienne to Montpellier and abide by the Conditions of Entry and the Sarah Greene Tribute Fund conditions.

I confirm that to the best of my knowledge my general state of health and fitness is good and I take full responsibility for my fitness to take part.

- I enclose a cheque for £100 (non-refundable deposit) made to The Sarah Greene Tribute Fund. The total registration fee is £850, balance of £750 to be paid no later than 31.4.19.
- I acknowledge that I am responsible for my own travel & medical insurance and I will have adequate insurance that will cover me for the specific activities on this ride that I will be undertaking, including emergency repatriation. I will, if asked, be able to provide proof of my travel insurance 8 weeks before the departure date or I may forfeit my place on this challenge.

**Signature** \_\_\_\_\_

**Name (capital letters)** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_