



To register, return your completed form (including signed terms & conditions), registration fee, and a photocopy of your passport to:

**Irish League of Credit Unions International Development Foundation Limited,
33-41 Lower Mount Street, Dublin 2.**

To register use BLOCK CAPITALS to fill in this form. Details should match the information on your passport.

PERSONAL DETAILS

Title: Surname: Forename:
Preferred Name:
Address:
Credit Union Name Position.....
Tel (work): Email:

PASSPORT DETAILS

Passport Number: Date and Place of Issue:
Date of Birth: Place of Birth:
Nationality: Expiry Date:

Next of Kin

Name: Relationship:
Tel (in case of emergency): Email:

ADDITIONAL INFORMATION

Can we share your contact details with other run participants? YES NO
Do you want to join the ILCU Foundation mailing list? YES NO
Accommodation: Option A) Shared Twin Room
 Option B) single occupancy (additional fee: €300)

I would like to share a room with (where possible we will make every effort to accommodate this)

Please indicate any medical conditions or any medication you are currently on.
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REGISTRATION FEE & PASSPORT

I have enclosed a photocopy of my passport YES NO

Important Note: Passports must be valid for at least six months after your date of return, and must have three full pages free.

Terms & Conditions

1. A clear photocopy of your passport should be attached to this registration form.
2. You will undertake to raise the minimum specified funds for the GER 2017 (€3,000). Cheques/postal orders should be made payable to the Irish League of Credit Unions International Development Foundation Ltd. (ILCU Foundation), or payments can be made by transferring money by CU/Bank transfer (see below). The balance to be paid no less than 8 weeks prior to departure.
3. The participant must be 18 years of age before the departure date of the event.
4. We reserve the right to alter the itinerary should climatic or any other unforeseen circumstances make this necessary.
5. Participants are responsible for their own vaccinations. Please consult your doctor or Topical Medical Bureau about your requirements.
6. Participants take part at their own risk and hereby indemnify the Irish League of Credit Unions, Irish League of Credit Unions International Development Foundation Ltd. and its agents/subsidiaries against claims for loss or damage to personal injury (or death) and any claim arising from the participants own actions.
7. Your passport must be valid for 6 months from the date of your return and must have 3 full blank pages free.
8. You are responsible for your own travel insurance. A copy of your travel insurance must be sent to us at least 6 weeks prior to departure.
9. If you are refused passage and/or entry/exit to or from Ethiopia any additional costs incurred are your responsibility.
10. If you have any medical conditions that could be affected by strenuous activity, or you are over 65, you must get written clearance from your doctor. In signing below to the conditions you confirm that your general state of health and fitness is good and that you take full responsibility for yourself.
11. You accept that all instructions given to you on the trip must be observed for your own safety.
12. There will be no refund on any monies raised, if you withdraw from the trip.
13. All flights and travel arrangements are subject to change. You will be notified of any changes with the soonest possible notice.
14. Transfers to/from Dublin airport are at your own expense.
15. The Irish League of Credit Unions International Development Foundation Ltd. reserves the right to cancel the event if there is an advisory issued against travel or if there are too few participants.

Declaration:

I am registering to take part in this event in Ethiopia

I agree to abide by the above terms and conditions. I accept responsibility for my actions and safety whilst in Ethiopia. I also confirm that to the best of my knowledge, my state of health and fitness is good and I take full responsibility for my fitness to take part in this event.

Signed:

Name (print):

Date:

Deposit - Payment Details

Option A) I enclose a cheque / postal order for €300 ILCU International Development Foundation

Option B) I have made a €300 bank/CU transfer -- EFT reference GER 2017 to ILCU Foundation

"GER 2017 - my name" IBAN: IE95 BOFI 9002 0111 4154 20; BIC: BOFIE2D



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