

# CHALLENGE MULANJE

## Saturday 16 May - Monday 1 June 2009

### DECLARATION

I confirm that I have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history.

- I understand that the challenge will involve strenuous activity and that I need to achieve an adequate level of fitness in order to participate in the challenge that I have selected. Before the departure of the challenge, if I have any concerns whatsoever about my physical fitness or health, or any of the medical conditions listed that may affect my safe participation, I will consult my doctor.
- I hereby certify that the information provided by me on this form is to the best of my knowledge true and correct.
- I understand that if any of the information provided by me on this form is found to be false, I risk losing my place on the challenge.

Signed \_\_\_\_\_  
 Date \_\_\_\_\_  
 Name (Capitals) \_\_\_\_\_

**If you are 65 years or older, or have answered YES to any of the questions on this form, this section must be completed by your doctor who has access to your medical history.**

The above named person will be participating in a strenuous challenge. They may be cycling or trekking for approximately 8 hours a day over rough terrain, in extremes of temperature, climate and altitude. The participant may be camping with basic facilities such as earth toilets, primitive washing facilities and living under canvas. They will be eating a different diet to what they are used to. The tour operator that FOMO is acting as agent for will provide English speaking first-aid qualified guides, or an English speaking doctor to give immediate medical assistance at all times. Please note however that the event may be a considerable distance from any hospital support. With the above information, if there is any matter that you feel FOMO should be aware of, please supply details on a separate sheet.

If you need any further information, please call Dave Armstrong on Tel: 0161 772 0235 or 07867 780661

**I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is fit and healthy both physically and mentally, and is able to to participate in this event.**

Doctor's Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Doctor's Name (Capitals) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 GMC Number \_\_\_\_\_

Surgery Stamp

This page can be photocopied prior to completion, if required.

Please return this form to:  
**Dave Armstrong, Friends of Mulanje Orphans (FOMO)**  
**29 Liverpool Old Road, Walmer Bridge, Preston, Lancashire PR4 5QA**



### REGISTRATION FORM



To sign up for the Challenge there is an initial non-refundable registration fee of £250 (which can be paid in two installments of £125, with the second installment paid within a month of registering). To register, please complete and return this form to:

**Dave Armstrong, Friends of Mulanje Orphans(FOMO)**  
**29 Liverpool Old Road, Walmer Bridge, Preston, Lancashire PR4 5QA**

If you require any further information before registering, please contact Dave Armstrong on:  
 Tel: 0161 772 0235 Mob: 07867 780661 Email: Batwandi@aol.com

Your registration for this Challenge implies acceptance of the Terms and Conditions of Entry enclosed, and the Tour Operators booking conditions (these can be obtained on request). Once we receive your registration fee, we will reserve your place, subject to availability and send you a detailed fund raising pack. Please do not start collecting sponsor money or seek publicity until your registration has been acknowledged.

For further details about this event, please visit the Challenge Mulanje website [www.challengemulanje.com](http://www.challengemulanje.com) and also the FOMO website [www.fomo.co.uk](http://www.fomo.co.uk)

#### Personal Details Please fill in your details exactly as they appear in your passport

Surname	First Name	Mr/Mrs/Miss/Ms/Dr/Other
Middle Name/s	Preferred First Name	
Home Address		
Post Code		
Daytime Phone No.		
Work Name and Address		
Occupation		
Evening Phone No.	Fax No.	
Mobile Phone No.	Email	
Date of Birth	Place of Birth	Age      Sex      M / F
Where did you hear about this event?		

#### Passport Details

Your passport must be valid for at least six months after your Challenge return date. If this is not the case at the time of registering, please write **new passport to be applied for** below, and phone or email in your passport details at least 3 months before departure

Passport No	Nationality	Place of Issue
Date of Issue	Expiry Date	Country of Residence

