

Full Name:	
Address:	
Date of Birth:	
Occupation:	
Email:	
Telephone:	
Causes you care about:	<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
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?	

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 €350 to secure my place on the trip.
- Raise a minimum of €3,500 (if including flights) and achieve this by 15th 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 no later than 31st May 2018. On receipt of your application form you will be asked you for the €350 deposit.