

**The Lisa Kent Memorial Trust –
Build Project Gambia 14th –21st April
2010.**



YOUR DETAILS	
Full Name – as on passport	
Date of Birth: (dd/mm/yyyy)	
Gender: -please tick box.	Male (<input type="checkbox"/>) Female (<input type="checkbox"/>)
Occupation:	
Passport Number: Expiry Date: NB. Must be valid at least 6 months after date returning home.	
Nationality:	
Home & Correspondence Address:	
E.mail: will be utilised for contact where possible to minimise the Trust's costs.	
Telephone Numbers: Home Work Mobile	

<p>Medical Information: Please advise of any medical including physical limitations, allergies or any other conditions concerning your general health, which may be material to your participation.</p>	
<p>Medication: Please provide details of any medication requirements. (NB You are personally responsible for ensuring sufficient supplies are taken on the trip and are self administered)</p>	
<p>Doctor:</p> <p>Name Address</p> <p>Contact Number</p> <p>Please ensure you have consulted your doctor regarding required vaccinations & anti malarial recommendations.</p>	
<p>Next of Kin:</p> <p>Name Address</p> <p>Contact Number: Home Work Mobile</p> <p>Relationship to you.</p>	
<p>Criminal Convictions:</p> <p>Do you have a criminal conviction.</p> <p>If yes, please explain nature of the crime.</p>	

DECLARATION- Please tick each box to confirm each section has been read

I declare that all the information provided here is to the best of my knowledge true & correct. ().

Should any medical issue arise between now and the date of travel, I will disclose this information to The Lisa Kent Memorial Trust. ().

If accepted for build project, I agree to submit full payments at the appointed deadlines. I understand that all monies fundraised for the trip must be submitted to The Lisa Kent Memorial Trust. If for any reason I am no longer participating in the trip, I will submit all donated money to The Lisa Kent Memorial Trust. ().

I confirm that I have taken out suitable comprehensive travel insurance covering all risks and a copy of the policy is to be provided to The Lisa Kent Memorial Trust before departure. ().

I agree to raise £2000 minimum sponsorship for The Lisa Kent Memorial Trust and agree to lodge this with the Charity 5 weeks before the date of travel.

Signature..... **Date**

Completed application forms to be forwarded to The Lisa Kent Memorial Trust, P.O. Box 1083, Cambridge, CB23 7WT.

CHECKLIST.

All Sections complete ()

Application form signed ()

2 Copies of photo ID page of passport enclosed ()

Deposit of £500 (by cheque, postal order, or bank draft - made payable to The Lisa Kent Memorial Trust . This payment is non refundable once a place on the trip as been accepted. ()