



REGISTRATIONFORM
1st AfricaRun
BERLIN/GERMANY – CAPETOWN/SOUTHAFRICA
21st March – 12th July2011

FAMILY NAME:

FIRST NAME:

MR/MRS:

STREET/NR:

ZIPCODE:

CITY:

STATE:

COUNTRY:

TEL:

FAX:

E-MAIL:

RUNNER/SUPPORTER*:

DATE/PLACE OF BIRTH:

NATIONALITY:

NUMBER OF PASSPORT:

DATE OF ISSUE:

PLACE OF ISSUE:

VALID UNTIL:

TOTAL DISTANCE/SECTION OF TOTAL (from-to)*:

Number of Marathons/out of which Ultras:

Personal best marathontime (in which year):

T-SHIRT SIZE: S M L XL*

COST OF PACKAGE 21Mar – 12July2011:

EUR 9.300* PER PERSON

DAILY RATE FOR SECTION OF TOTAL:

EUR 120* PER PERSON

CANCELLATION INSURANCE:

RATE ON REQUEST YES/NO*

DESTINATION FOR RETURNFLIGHT: FRANKFURT OR ALTERNATIVE*

*** delete not necessary item**

Services: According to description under www.lauffreifeisen.de which is familiar to and accepted by me, particularly, but not exclusively the conditions of liability, payment and cancellation.

I declare my interest in this race and journey. Please keep me informed about the development of the project. I will decide upon my participation, once I receive a binding offer with confirmed rates.

Please sign and return to above address by letter, fax or e-mail.

City, date

Name in writing

Signature