

REGISTRATIONFORM 9th SAHARAMARATHON SMARA/WESTSAHARA 23. FEBRUARY 2009

NAME 1

NAME 2

FIRSTNAME:

FAMILYNAME:

MR/MRS:

STREET/NR:

ZIPCODE:

CITY:

STATE:

COUNTRY:

TEL:

E-MAIL:

DATE/PLACE OF BIRTH:

NUMBER OF PASSPORT:

DATE OF ISSUE:

PLACE OF ISSUE:

VALID UNTIL:

RUNNER/SUPPORTER:

RUN/WALK 5KM 10KM HM M:

T-SHIRT SIZE S M L XL:

COST OF PACKAGE 20FEB-25FEB09:

EUR 1.199 PER PERSON

CANCELLATION INSURANCE:

EUR 58 YES/NO

FULL COVERAGE INSURANCE ILLNESS; LUGGAGE:

EUR 86 YES/NO

ACCOMODATION: WITH SAHARAWI FAMILIES IN THE CAMPS, 4-5 PARTICIPANTS EACH

MEALS: FULL BOARD WITH THE FAMILIES.

REGISTRATION FEE: Inclusive

VISA: Algerian Visa has to be applied and paid for by participant in his home country. We support the necessary procedure.

I confirm to participate in the journey to the SaharaMarathon 2009 and am well aware of the special conditions of running in the Sahara and living in the Camps with the Saharawi refugees. I will not hold responsible the organisers of the journey and the race for any damage to my person or my personal belongings occuring during this journey.

Please sign and return to above address by fax or mail.

City, date

Name in writing

Signature