

RACE REGISTRATION FORM

E-mail:

Title: ☐ Mr. ☐ Ms. ☐ Mrs.

First name:

Last name:

Complete postal mailing address (with Postal code and Country)

Phone:

Fax:

Occupation:

Marital status:

Single ▼

Select trip: ☐ Stage Race ☐ Mt.Everest Challenge Marathon (4 day trip) ☐ Mt.Everest Bike Rally

I am a: ☐ Runner ☐ Walker ☐ Cyclist

T-shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ No Preference

Smoker: ☐ Yes ☐ No

Room sharing preference: ☐ Yes ☐ No

Passport details

Exact name as it appears

Number:

Date issued:

Where issued:

Date expires:

Date of Birth

Age:

Place of birth:

Citizen of:

I agree to all booking terms and conditions

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Submit