

REGISTRATION FORM

EVENT	GREAT WALL OF CHINA TRAIL 2024
DATE	THURSDAY 09 MAY TO WEDNESDAY 15 MAY 2024

Please return the completed form & choice of tour package(s) to: discover@athletesjournev.sg

TOUR PACKAGES** (Please choose & tick) / Prices in Sin\$/Per Person						
7 Days 6 Nights	Single Occupancy		Twin Share			
Runner	Sin\$4,660		Sin\$3,890			
Non-Runner	Sin\$4,430		Sin\$3,660			

**Marathon packages include:

Ground transportation in air-conditioned buses, accommodation in first class hotel (4*) in Beijing & guest houses in other towns, full board from lunch on 9th May to breakfast on 15th May, water during races and meals, all visits in the tour itinerary, timed races, a Chinese English-speaking guide, Athletes' Journey host & Contrastes Running team with medical assistance, event tee & commemorative medal.

**Not included in the packages:

International Airfares, travel & medical insurance, airport transfer in Beijing, meals not stated in the package, tips for guides & drivers, personal expenses during the tour

General Information

- Booking of a tour package is constituted by the payment of <u>50%</u> of the quoted total fare. By paying a deposit the client agrees to be bound by the terms and conditions (will be attached to the invoice/quotation).
- Full/balance payment to be made by 31 Jan 2024.
- Payments may be made by PayPal, credit card, bank transfer, cheque or PayNow (Details will be given in the invoice/quotation)
- Cancellations of booking must be received and confirmed in writing (email). All payments are refundable, subject to \$\$100 admin fee, based on the following timeline & conditions:

Before 01 Oct 2023: 100% refund (minus the admin fee) From 01 Oct 2023 to 31 Jan 2024: 50% refund (minus the admin fee) After 31 Jan 2024: No refund

PERSONAL INFORMATION (Great Wall of China Trail 2024)

Please fill up all information (this is a fillable pdf form)

Status	RUNNER* [] / NON-RU	NNER []				
Family Name	_	Gender					
a. v		D					
Given Name		Date of					
Citizenship		Birth Passport					
Citizenship		Number					
Residential Address &		Transcr	I				
Postal Code							
Email Address							
(Please ensure that you have access to this email regularly)							
Mobile		*Size of Tee					
(+ Country Code)		Shirt					
*Emangangy Contact		(EUR)					
*Emergency Contact Person/Relationship		*Contact Number					
*Medical Condition		Nullibel					
(if any)							
*For Runners only							
<u>Declaration of Travel Insurance</u> (*Please tick the relevant box and sign)							
(I loude tien the relevant box and sign)							
Yes, I would like to purchase travel insurance that includes coverage for the insolvency of travel agencies. Please advise.							
No, I do not intend to purchase travel insurance that includes coverage for the insolvency of travel agencies. I have my own travel insurance and will produce the							
documentation, if required							
Full name of client							
21							
Signature							

Thank you very much for filling up the registration form/choice of package(s). We will send you the invoice/quotation with the payment advice and terms and conditions.

@Athletes' Journey LLP

Date