



APPLICATION FORM
THE GALICIA CHALLENGE

11th – 17th MAY 2008

NAME: (as on passport) _____

ADDRESS: _____

TELEPHONE (H) _____ (W) _____

(Email*) _____ (Mobile) _____

* It will save us a huge amount of time & money if you have access to an email address.

OCCUPATION _____

Please tick where appropriate:

• AGE 21 - 29 30 – 45 46 – 55 55+

• FUND RAISING EXPERIENCE
NONE SOME A GREAT DEAL

• HAVE YOU TAKEN PART IN A SPONSORED EVENT BEFORE? NO YES
IF YES WHERE AND FOR WHAT CHARITY _____

• IS THERE A PARTICULAR AREA THAT YOU WOULD LIKE THE MONEY RAISED TO GO TO? _____

• IS THERE ANY AREA OF EXPERTISE THAT YOU FEEL THAT YOU WOULD BE ABLE TO HELP WITH (eg medical/language/fitness)

• Tee Shirt Size Medium Large Xtra Large

Please find enclosed € _____ (€300.00 PER PERSON), this being a non-refundable deposit. I UNDERSTAND THAT THE BALANCE OF €3600 MUST BE REMITTED BY THE 7TH APRIL 2008

The Marie Keating Foundation reserve the right to refuse any application at its absolute discretion and in this case the deposit will be refunded in full without deduction, compensation or interest and the matter shall be deemed to be at an end.

SIGNED: _____ DATE: _____

Please return to: The Galicia Challenge, The Marie Keating Foundation,
Unit 9 Millbank Business Park, Lucan, Dublin
Ph: 01 628 3726 Email: info@mariekeating.com

On receipt we will contact you to arrange a meeting to help you plan your Fund-raising. You may be required to produce referees.