

REGISTRATION FORM

EVENT	GREAT WALL OF CHINA TRAIL 2025
DATE	THURSDAY 08 MAY TO THURSDAY 15 MAY 2025

Please return the completed form & choice of tour package(s) to: <u>discover@athletesjourney.sg</u>

TOUR PACKAGES** (Please choose & tick) / Prices in Sin\$/Per Person					
8 Days 7 Nights	Single Occupancy		Twin Share		
Runner	Sin\$4,960		Sin\$4,250		
Non-Runner	Sin\$4,730		Sin\$4,020		

******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 dinner on 8th 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 2025.
- 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 **S\$100 admin fee,** based on the following timeline & conditions:

Before 01 Dec 2024: 100% refund (minus the admin fee) From 01 Dec 2024 to 31 Jan 2025: 50% refund (minus the admin fee) After 31 Jan 2025: No refund

PERSONAL INFORMATION (Great Wall of China Trail 2025)

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

Status	RUNNER*		/ NON-RU	NNER [
Family Name			Gender		
Given Name			Date of		
			Birth		
Citizenship			Passport		
			Number		
Residential Address &					
Postal Code					
Email Address					
(Please ensure that you have					
access to this email regularly)		*0.	C T	1	
Mobile		_	e of Tee		
(+ Country Code)		Shi	-		
		(EUI	1		
*Emergency Contact		*Co	ntact		
Person/Relationship		Nur	nber		
*Medical Condition					
(if any)					

*For Runners only

Declaration of Travel Insurance

(*Please tick 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	
Signature	
Date	

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 Pte Ltd