



Zerf Productions



Kilimanjaro 20/20

\$20 Million for 20 Million Children

ZERF CHALLENGE 2020

For Mother and Children with HIV and AIDS in Africa

REGISTRATION FORM

Last name: _____ First name: _____
 Date of Birth: _____ Country of Birth: _____
 Occupation: _____ Citizenship: _____
 Address: _____ Postal Code: _____
 City: _____ Country: _____
 Phone number:() _____ Email: _____
 Fax: _____ Cell/work no: _____
 Passport no. _____ Expiry date: _____
 Date issued: _____ Place issued: _____
 Trip Date: _____
 Accommodation: single _____ Double _____
 Are you a vegetarian? _____

In case of emergency notify:

First name: _____ Last name: _____
 Address: _____ City: _____
 Country: _____
 Tel:() _____

I have read Zerf Productions booking conditions in the brochure, especially the policy of cancellation, refunds and responsibility. I understand and agree fully to these conditions.

Signature: _____ Date: _____

Return this form to: 4015 Harvard ave, Montreal, Quebec H4A 2W8. Tel:(514)486-0924
 Email: zerf@sympatico.ca Website: www.zerfchallenge2020.com