

Please fill out the form in full in pen. Please use block capitals. If you have a question about any part of this form contact the Kidnap Information Officer on 0171375 0885.

You must fill out this side of the form in full. If you do not fill it out in full your registration may be refused. Please inform us immediately if any of these details change.

The aim of **KIDNAP** is for you to have the most amazing experience of your life. Good luck.

<p>FIRST NAME → <input type="text"/></p> <p>SURNAME → <input type="text"/></p> <p>HOME ADDRESS → <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FAX NUMBER → <input type="text"/></p> <p>PHONE NUMBER → <input type="text"/></p> <p>WORK ADDRESS → <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DATE OF BIRTH → <input type="text"/></p> <p>GENDER → <input type="text"/></p> <p>HEIGHT → <input type="text"/></p> <p>EYE COLOUR → <input type="text"/></p> <p>HAIR COLOUR → <input type="text"/></p> <p>MARITAL STATUS → <input type="text"/></p> <p>CLOTHES → <input type="text"/> describe the kind of clothes you usually wear <input type="text"/> <input type="text"/></p> <p>VEHICLES → <input type="text"/> describe any vehicles which you usually use <input type="text"/> <input type="text"/></p> <p>TRANSPORT → <input type="text"/> how do you usually travel? <input type="text"/> <input type="text"/></p>	<p>NEXT OF KIN → <input type="text"/> who should be informed if you are kidnapped? <input type="text"/></p> <p>NEXT OF KIN'S ADDRESS → <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NEXT OF KIN'S PHONE NO. → <input type="text"/></p> <p>DIETARY NEEDS → <input type="text"/> are you vegetarian, vegan, etc.? <input type="text"/></p> <p>PHOBIAS → <input type="text"/> do you have any particular fears or phobias? <input type="text"/> <input type="text"/></p> <p>ALLERGIES → <input type="text"/> are you allergic to anything? <input type="text"/></p> <p>MEDICAL CONDITIONS → <input type="text"/> do you have any illness or medical condition? <input type="text"/> <input type="text"/></p> <p>MEDICATION → <input type="text"/> do you take any medication on a regular basis? <input type="text"/></p> <p>SAFWORD → <input type="text"/> If you wish to cancel your involvement in Kidnap this is the word you will use. Quote this word at any time and you will be free to go. <input type="text"/></p> <p>SIGNATURE → <input type="text"/> I certify that I have read and understood all the Conditions of Participation (on page 2) and agree to abide by them. I have completed every section of the form on page 1 and enclose a current colour photograph of myself and a cheque for £10 made payable to Blast Theory <input type="text"/></p> <p>DATE → <input type="text"/></p>
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Please make your cheque payable to Blast Theory and enclose it with this registration form. Please put your cheque card number and its expiry date on the back. Send your form to PO Box.....

