

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.

FIRST NAME → [ ]

SURNAME → [ ]

HOME ADDRESS → [ ]  
[ ]  
[ ]

FAX NUMBER → [ ]

PHONE NUMBER → [ ]

WORK ADDRESS → [ ]  
[ ]  
[ ]

DATE OF BIRTH → [ ]

GENDER → [ ]

HEIGHT → [ ]

EYE COLOUR → [ ]

HAIR COLOUR → [ ]

MARITAL STATUS → [ ]

CLOTHES → describe the kind of clothes you usually wear  
[ ]  
[ ]  
[ ]

VEHICLES → describe any vehicles which you usually use  
[ ]  
[ ]

TRANSPORT → how do you usually travel?  
[ ]  
[ ]

NEXT OF KIN → who should be informed if you are kidnapped?  
[ ]

NEXT OF KIN'S ADDRESS → [ ]  
[ ]  
[ ]

NEXT OF KIN'S PHONE NO. → [ ]

DIETARY NEEDS → are you vegetarian, vegan, etc.?  
[ ]  
[ ]

PHOBIAS → do you have any particular fears or phobias?  
[ ]  
[ ]

ALLERGIES → are you allergic to anything?  
[ ]  
[ ]

MEDICAL CONDITIONS → do you have any illness or medical condition?  
[ ]  
[ ]

MEDICATION → do you take any medication on a regular basis?  
[ ]  
[ ]

SAFWORD → 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.  
[ ]

SIGNATURE → 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  
[ ]

DATE → [ ]

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.....

