

**Registration Form**

***The £20 challenge***

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| --- |
| **Name:** |
| **Age:** |
| **Short description of your challenge:** |
| **Address:** |
| **Phone number:** |
| **Email address:** |

Please return this form by either emailing it to [email@iddtinternational.org](mailto:email@iddtinternational.org) or posting it to the IDDT, PO Box 294, Northampton, NN1 4XS.