

Park Trek Booking Form (Please tick relevant boxes)

Tour Name _____ Departure Date / /

I enclose a deposit of \$. The balance owing is \$.

Payment via: Cheque Money Order Credit Card

Credit Card details: Number

Expiry date / *Cheques should be made payable to Park Trek*

Card Type: Bankcard Visa Mastercard (all acceptable)

Your contact information:

Title Mr Mrs Ms Miss

First Name _____ Last Name _____

Street Name _____

Address (cont.) _____

State _____ Province Zip/Postal Code _____

Country _____

Telephone BH _____ AH _____

E-mail _____ Fax _____

Age Range Under 20 20-40 40-50 50-60 60 plus

Sharing Tent: I/we will share a tent

Preferred companion (if known) _____

I will pay an extra \$15.00 per day to have my own tent

Do you have special dietary requirements: No Yes please explain requirements _____

Warning: Our tours are physical by nature and we require your acknowledgement that you understand the personal/physical demands that will be placed upon you. Would you kindly complete the medical information below. **We strongly advise that you have travel insurance.**

Have you had any medical treatment in the last year No Yes

Details _____

Do you suffer from: Asthma N Y Diabetes N Y Heart Disease N Y

Do you have travel insurance? N Y Please provide details: _____

Private health insurance number (if applicable) _____

Ambulance subscription number (if applicable) _____

In case of emergency who do we contact:

Next of Kin: Name _____

Telephone BH _____ AH _____

Other details _____

We are not making an assessment or otherwise of your physical condition. You are making your booking with this understanding. Please read conditions overleaf.

Signed _____

Dated _____