

Course Booked :-

Name

Emergency Contact

Your Address

Emergency Contact Address

Emergency Contact Phone

Home/Mobile Phone

Do you have any medical condition we should know about such as diabetes, asthma or an old injury?

Work Phone (if OK to use)

Email address

Date of Birth

Occupation

Give a brief outline of your relevant walking, climbing or skiing experience

Do you want information about insurance?

Where did you first hear about us?

Declaration

I have read and understood the [booking conditions](#) and agree to abide by them. I have read and accepted the risk assessment as detailed in the information pages. I enclose (or have sent electronically) a deposit of 50% of the course cost per person booked. Please make cheques payable to John Biggar.

Signature.....

Date.....

Payment

Please select one of the following three options:-

1. I enclose a cheque for £.....
2. Please send me a Paypal Invoice.
3. Please send me bank transfer details.