

Please complete in full and return to: Adventure Peaks Ltd,
 Central Buildings, Ambleside, Cumbria LA22 9BS. UK.
 Tel: 015394 33794 Fax: 015394 33833

Please reserve me a place on the expedition/course
 Level or Route (where applicable) extension (if applicable)
 Departing/starting on At a total cost of

Please could you indicate where you heard about Adventure Peaks?

IMPORTANT - PLEASE GIVE DETAILS AS PER YOUR PASSPORT

Title: First name: Other names: Surname:

DOB: Occupation: Next of Kin: Their telephone no:

Please tick if you are joining on a 'land only' basis (no flight) Do you have any special dietary needs?
 Please indicate or attach details

Passport No: Place of Issue: Expiry Date: Issue Date: Nationality:
(not needed for UK courses) (must be 6 months after return date)

Insurance with: Policy No: Expiry Date:

Address for correspondence:
 Postcode:

Daytime tel: Evening tel: Mobile: E-mail or Fax:

PAYMENT Deposits £300 except UK courses, £100, 8000m peaks £1000 and Vinson £3000 £
 Plus insurance of (unless alternative insurance is being used) £
 I enclose a cheque (payable to Adventure Peaks Ltd) for **Total** £

Or alternatively, please debit my Visa/Mastercard/Switch Card (delete as appropriate)
 A 2.5% charge will be made on all credit card transactions except the deposit.

Card number | | | | | | | | | | | | | | | | Valid from | Expires |

Security number I authorise Adventure Peaks Ltd to take the interim and final payments from my card should I not send alternative means of payment
(last three digits on reverse of card)

Cardholder's signature: Date: Issue No (Switch & Solo)

DECLARATION OF INSURANCE AND BOOKING CONDITIONS

Please read carefully and sign whether booking a course or expedition

On behalf of the person(s) included on this form I am authorised to make this booking and have read and agree to the Booking Conditions. To the best of my knowledge all persons taking out this insurance, and any person on whom the travel plans depend, are in good physical and mental health, and know of no circumstances why the holiday is likely to be cancelled or curtailed, and are not travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment.

Signed: Print name: Date:

PREVIOUS EXPERIENCE - This must be provided.

Please attach a brief outline of your walking, climbing or mountaineering experience to this form together with an outline of what would you hope to gain from the expedition/course and what your mountaineering aspirations are for the future.

MEDICAL

Do you have any special medical needs or allergies that you feel your instructor/leader should be aware of yes no

If yes, please provide details.