# Booking Form

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

Extension (if applicable) ..

Departing/starting on .. At a total cost of ..

Please could you indicate where you heard about Adventure Peaks? ..

If UK regional departures are available, where do you wish to fly from? (1) (2)
(extra costs may apply)

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: ..
(if not available at time of booking please forward later)
Policy No: .. Expiry Date: ..

Address for correspondence: ..

.. Postcode: ..

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

PAYMENT Deposits £400 except UK courses £120, Denali & Carstenz £750, 8000m peaks £1000 and Vinson £3000 £ ..

I enclose a cheque (payable to Adventure Peaks Ltd) for Total £ ..

Or alternatively, please debit my Visa/Mastercard/Switch Card/American Express (delete as appropriate)
A 2% charge will be made on all credit card transactions except the deposit. 3% American Express

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

Security number
(last three digits on reverse of card) ..

Tick box to have your interim deposit and final balance debited using the same card on the due date

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

Payments may be made by bank transfer to:-
National Wesminster Bank Ltd, 10 Elephant Yard, Kendal, Cumbria, LA9 4LZ
Account name: Adventure Peaks Ltd. Account number: 80143830. Sort Code number: 01-04-66.
IBAN number: GB27NWBK 01046680143830
PLEASE ENSURE YOUR NAME IS QUOTED ON ALL PAYMENTS

## BOOKING FORM DECLARATION

I have read the Expedition/Trek/Course description and the booking conditions in the Adventure Peaks brochure .
I accept these booking conditions in full.
I do not suffer from any disability which would prohibit full participation in the trip and understand insurance is compulsory. A non-refundable deposit is payable.

Signed: .. Print name: .. Date: ..