

Hill Walking Holidays

Booking Form



Please complete one form per participant and send to us with your deposit.

Personal Details	
Title (Mr, Mrs, etc): _____	First Name: _____
Surname: _____	
Age: _____	Date of Birth: _____
Address: _____	
Postcode: _____	
Telephone: Home _____	Mobile: _____
Email Address: _____	
Where did you hear about us: _____	
Trip / Course Details	
Trip/Course Title: _____	
Date: _____	Fee: _____ £
Deposit Enclosed: _____ £	
Please note: £150 deposit for holidays, full price for courses	
Please make cheques payable to Hill Walking Holidays	
Medical Conditions	
Please list any medical conditions, dietary needs, allergies or significant disabilities	
Emergency Contacts	
Please enter details of person(s) to contact in case of emergency	
Name: _____	Tel: _____
Name: _____	Tel: _____
Disclaimer	
I have had brought to my attention the Hill Walking Holidays Terms and Conditions, in particular insurance and cancellation information.	
I accept that Hill Walking Holidays is not under any liability for loss/damage to personal property whilst attending any trip or course. I acknowledge that adventurous activities entail some risk of injury and accept that accidents and injury may occur.	
Signed: _____	Date: _____

The British Mountaineering Council recognise that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept the risks and be responsible for their own actions and involvement.