

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.