

BOOKING FORM

Tel: +33 (0) 561 058 654 or +44 (0) 7951 058 053 Please return this form by email to: anne@chezarran.com or anne@spa-treks.com

Personal Details	
First name:	Last name:
Address:	Email:
Postcode:	
Mobile Tel:	Home (h) or work (w) Tel:
Contact number while in France:	
Date of Birth:	Total number of people in your group?
Emergency name and contact number (parent or guardian if under 18):	
How did you find out about us?	
Trip or Activity	
Trip name:	
Start date:	End date:
Do you have any experience of the chosen activity – please specify?	
Please describe your level of fitness including th duration:	e type of exercise you take and the
Requirements	
Do you have any special dietary needs?	
Please declare any previous or current medical cundertaken:	conditions relevant to activities being

Travel & Accommodation

Estimated arrival time, date and where:
Flight information arrival and departure:
Meeting point date and time if not taking airport pickup:
Equipment:
A. I have all items on the equipment list for my holiday: Yes/No delete as appropriate
Booking payment:
I will pay a £150 deposit payable to Spa Adventure Treks Ltd for:
Name:
Preferred method of payment:
Bank transfer in GBP Other by arrangement Yes/No Yes/No
If within 6 weeks of arrival for your trip the full amount of is due I have read and agree with the Terms and Conditions Yes/ delete as appropriate I have read the detailed programme Yes/No delete as appropriate Parental consent I agree to (name) participating in the
and have read the itinerary.
Signed Parent or guardian if under 18
Insurance
I agree that I am responsible for providing appropriate insurance for my participation on
this trip on date(s) and I confirm that I have such insurance.
Signed: Date:
NB One form per participant to be completed. A scanned signature is acceptable for parental consent. Parental consent is required for any under 18's who will not be accompanied by their parents. If accompanied consent is assumed.