

Booking Data: *Fill in for each participant*

Adventure Challenge Event

Personal Details: booked date / /

Name (Title, First Name, Surname):
.....

Date of Birth: **Sex:**

Profession:

Address:

.....

.....

Mobile No. :

Telephone:

Nationality:

Email Address:

Tick here to not be added to the Adventure Cafe mailing list

Trip Details

Trip Name:

Trip Description:

Departure Date:

Trip Price:

Other Particulars:

NB Your place on the trip will be secured on receipt of a deposit, and a completed booking form. The remainder of your payment should be received by 8 weeks before departure (for overseas trips) and 4 weeks before departure (for UK trips).

Previous Trekking/Cycling/Other Experience

Previous UK Hill Walking Experience:

.....
.....

Previous Overseas Trekking Experience:

.....
.....

Previous Cycling/Open Canoeing/Other Experience*:

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.....

**Please complete if relevant to your adventure.*

Acknowledgement:

I have read, I acknowledge, and accept the booking terms and conditions as set out in this set of Trip Notes.

I understand that this trip may be strenuous, and is adventurous by nature.

I also understand that, due to the nature of the event, last minute alterations to the itinerary may be necessary.

Signature:
.....
.....

Personal Details Continued:

Emergency Contact whilst away on Holiday:

Name:
.....

Relationship to you:
.....

Telephone Number(s):
.....

Passport Information (for Overseas Trips):

Passport No.:

Place of Issue:

Date of Issue

Date of Expiry

Please note that for many destinations you need at least one clear page in your passport, as well as at least 6 months validity. Please check your passport in good time.

Booking Form Continued

Adventure Challenge Event

Your Bike (for Cycling Trips):

Your type of bike (eg Mountain, Tourer, Hybrid):

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Make & Model:

.....

Details of Specific Components: (eg disc brakes, gears, hydraulic brakes, suspension)

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Dietary & Allergy Information:

Vegetarian / Vegan / Other Dietary Regime:

.....

Food Allergies:

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Are you allergic to: Ibuprofen / Antibiotics / Paracetamol (delete as necessary)

Other Allergies:

.....

Please Give Full Description of Any Recent Reactions:

.....

.....

Medical Information

(Please Continue on another sheet if necessary)

Medical Conditions such as diabetes, asthma, epilepsy, serious known allergic reactions (anaphylaxis), heart problems:

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Current Medication:

.....

Personal Fitness Levels:

Current Fitness Level:

.....

Exercise Taken – either at work or in leisure time:

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.....

Swimming Ability (for Paddling/Rowing):

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Personal Insurance:

Please initial here if you are organizing your own insurance:

Adventure Café now offer Adventure Travel insurance through our website. Just click the 'Travel Insurance' link on the left hand tool bar.

<http://www.adventure-cafe.com/content/insurance.asp>

Please ensure that pre-departure you supply a copy of your insurance documents to Adventure Café.

Medical Information (Cont.):

Recent Medical Problems: (Operations, Knee Problems, Serious Back Problems, or other issues that could interfere with your activities:

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Operations that might have an effect on your Short Break:

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