

Alpine Oasis Adventure & Activities Booking Form (Land Only)

Please complete, print, sign and send this to:
Alpine Oasis, 58 Humberstone Rd, Cambridge CB4 1JF.

Please reserve me a place on the _____ adventure/activity/course

Departing/starting on _____

At a total cost of _____

IMPORTANT - PLEASE GIVE DETAILS AS PER YOUR PASSPORT

Title: _____ First name: _____

Other names: _____

Surname: _____

DOB: _____ Occupation: _____

Passport No: _____

(not needed for UK courses) (must be valid 6 months after return date)

Place of Issue: _____ Expiry Date: : _____ Issue Date: _____

Nationality: _____

Next of Kin: _____ Their telephone no/email: _____

Do you have any special dietary needs?
Please indicate or attach details: _____

Your address for correspondence: _____

Postcode: _____

Tel (Day): _____ Tel (Eve): _____ Mobile: _____

E-mail: _____

If you would prefer all correspondence by email please tick here _ _ _ _ _

PAYMENT: Deposit – please see website for details of deposit

I enclose a cheque (payable to Alpine Oasis Ltd) for Total £ _ _ _ _ _

DECLARATION OF INSURANCE AND BOOKING CONDITIONS

Please read carefully and sign:

On behalf of the person(s) included on this form I am authorized to make this booking and have read and agree to the Booking Conditions. To the best of my knowledge all person (s) on whom the travel plans depend, are in good physical and mental health, and know of no circumstances why the adventure/activity/course/holiday is likely to be cancelled or curtailed, and are not travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment.

It is a condition of booking your trip with Alpine Oasis that you have appropriate travel insurance that covers all adventurous activities. This must include cover for rescue, emergency medical treatment, repatriation and cancellation.

I am aware of the inherent risks of participating in adventurous mountain activities.

Signed: _ _ _ _ _

Print name: _ _ _ _ _

Date: _ _ _ _ _

MEDICAL

Do you have any special medical needs or allergies or any recent serious operations that you feel your instructor/leader should be aware of?

If yes, please provide details in the space below or attach full details.

Please complete in full and return to:
Alpine Oasis Ltd,
58 Humberstone Rd,
Cambridge
CB4 1JF