

**Wild Journey**

**Confidential Personal Information and Booking Form**

**BOOKING FORM 2020**

**I wish to book places on the Lads and Dads voyage of adventure which runs from Oban Sun 16<sup>th</sup>-Sat 22nd August 2020**

**The cost for both people for the voyage is £1,700 which includes all essentials from when you join the ship to when you leave it.**

**I have made a BACS transfer to ‘Wild Journey’, Sort code: 82-70-18, a/c no: 80397637**

**(For International payments: IBAN: GB05CLYD82701880397637  
Or BIC/Swift Code: CLYDGB2S)**

**Please put your surname as the payment reference.**

**for £..... as a 25% deposit / full payment for the event.**

Please note that we will only communicate directly with parents. We would like to retain your contact details so that we can let you know of further events which we will be offering in the future: this information will never be passed on to any third party organisation except with your express permission.

**I have read and accept the terms and conditions and consent to the information on these forms being retained by ‘Wild Journey’ for use in connection with this event.**

**Signed.....**

**Name..... Date.....**

**I am happy for ‘Wild Journey’ to inform me about future adventure opportunities.**

**Yes / No**

**I am interested in possible car-sharing and consent to Wild Journey exchanging my contact details with others participants booked on this event to facilitate this.**

**Yes/No**

Please email or send your completed personal information and booking forms to:

Wild Journey  
Trefassey Bank  
Llangrove  
Ross-on-Wye  
Herefordshire HR9 6EY

charles@wildjourney.co.uk

**FATHER'S DETAILS**

Name..... Date of Birth.....

Address (inc. postcode).....

.....

Email address.....

Son's name.....

Telephone numbers.....

Please indicate if any of the following apply to you. This will **not** prevent you from doing any activities but will enable us to ensure your comfort and wellbeing in a range of situations, This information will never be passed on to any third party except with your permission.

|  |     |     |
|--|-----|-----|
| Heart Trouble/blood pressure                             | Yes | No  |
| Asthma, bronchitis, tuberculosis                         | Yes | No  |
| Diabetes   | Yes | No  |
| Epilepsy, fainting attacks, migraine, severe head injury | Yes | No  |
| Hayfever, allergy to medicine/food/insect bites          | Yes | No  |
| Old injuries, fractures, tendon/ligament damage          | Yes | No  |
| Back injury or history of back pain                      | Yes | No  |
| Are you taking prescription medicines for any condition  | ?   | Yes |
| Is there anything else you think we should know?         | Yes | No  |

**If you have circled 'yes' for any of the above please give appropriate further information here or overleaf. Please also state any other conditions which you would like us to know about.**

**Please state here any dietary preference you would like us to cater for.**

We need a contact number for a relative or close friend while you are with us. Please will you give details below of the person you would wish us to contact in an emergency.

Name.....

Relationship to you.....

Telephone numbers.....

I confirm that I am the parent/legally appointed guardian of (for under 18s)

.....

Your signature..... Date.....

**SON'S DETAILS**

**Name**..... **Date of Birth**.....

**Address (inc. postcode)**.....

.....

**Email address (if adult son)**.....

**Telephone numbers (if adult son)** .....

**Accompanying father's name**.....

Please indicate if any of the following apply to you. This will **not** prevent you from doing any activities but will enable us to ensure your comfort and wellbeing in a range of situations, This information will never be passed on to any third party except with your permission.

|  |     |    |
|--|-----|----|
| Heart Trouble/blood pressure                             | Yes | No |
| Asthma, bronchitis, tuberculosis                         | Yes | No |
| Diabetes   | Yes | No |
| Epilepsy, fainting attacks, migraine, severe head injury | Yes | No |
| Hayfever, allergy to medicine/food/insect bites          | Yes | No |
| Old injuries, fractures, tendon/ligament damage          | Yes | No |
| Back injury or history of back pain                      | Yes | No |
| Are you taking prescription medicines for any condition  | Yes | No |
| Is there anything else you think we should know?         | Yes | No |

**If you have circled 'yes' for any of the above please give appropriate further information here or overleaf. Please also state any other conditions which you would like us to know about.**

**Please state here any dietary preference you would like us to cater for.**

We need a contact number for a relative or close friend while you are with us. Please will you give details below of the person you would wish us to contact in an emergency.

**Name**.....

**Relationship to you**.....

**Telephone numbers**.....

**Your signature**.....

**Date**.....