

Wild Journey

Confidential Personal Information and Booking Form

BOOKING FORM 2021

I wish to book places on the voyage of adventure which runs from Oban on:

Lads and Dads: Sun 8th August - Sat 14th August 2021

(Circle as appropriate)

I enclose a cheque made payable to 'Wild Journey'

**I have made a BACS transfer to 'Wild Journey', Sort code: 60-24-77, a/c no: 25383515
(For International payments: IBAN: GB25NWBK60247725383515 :
BIC/Swift Code: NWBKGB2L) Please put your surname as the payment reference.
for £..... as a 25% deposit / full payment for the event (full fee £1,700)
(delete above where applicable)**

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 send your completed personal information and booking forms to:

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

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	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.....

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.

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