

Course Booked :-

Name

Emergency Contact

Your Address

Emergency Contact Address

Emergency Contact Phone

Home/Mobile Phone

Do you have any medical condition we should know about such as diabetes, asthma or an old injury?

WhatsApp? **Yes/No** OK to add to group? **Yes/No**

Work Phone (if OK to use)

Email address

Date of Birth

Occupation

Give a brief outline of your relevant walking, climbing or skiing experience

Do you want information about insurance?

Where did you first hear about us?

Declaration

I have read and understood the booking conditions and agree to abide by them. I have read and accepted the risk assessment as detailed in the information pages. I enclose (or have sent electronically) a deposit of 50% of the course cost per person booked. Please make cheques payable to John Biggar. Please return a completed form to info@johnbiggar.com or post to 219 High Street, Biggar, ML12 6DJ.

Signature.....

Date.....

Payment

Please select one of the following three options:-

1. I enclose a cheque for £.....
2. Please send me a Paypal Invoice.
3. Please send me bank transfer details.