

# Booking Form



Please complete this form in BLOCK CAPITALS and send it together with a cheque made payable to 'WDCS', or complete the credit card section overleaf to cover the deposit. When completed this form should be sent to: Events Team, WDCS, Brookfield House, 38 St Paul Street, Chippenham, Wiltshire. SN15 1LJ.

Tel: 01249 449500 Fax: 01249 449501

Email: [podplod@wdcs.org](mailto:podplod@wdcs.org)

[www.wdcs.org.uk](http://www.wdcs.org.uk)

**Insurance:** It is a condition on joining this trip that you must be fully insured against medical and personal accident risks. WDCS cannot be held responsible for any personal injury, illness, death, loss or damage to property or any other loss or damage you incur as a result in your participation in this trip.

*Please complete all relevant sections below, and advise us immediately if any of the information changes once you have booked.*

## Personal details:

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Daytime Phone No \_\_\_\_\_ Evening Phone No \_\_\_\_\_

Mobile Phone No \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

WDCS Supporter No \_\_\_\_\_ T-Shirt Size: S / M / L / XL (*please circle*)

Where did you hear about the trip? (*please detail*) \_\_\_\_\_

**Emergency Contact Details:** (*Must be a friend or relative who is not on the trip with you. Please advise us immediately if this information changes, as it is essential that we have up to date information.*)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Daytime Phone No \_\_\_\_\_ Evening Phone No \_\_\_\_\_

Mobile Phone No \_\_\_\_\_

Email Address \_\_\_\_\_

**Other:**

Special Dietary requirements/allergies to food\_\_\_\_\_

Are you participating on this challenge with a friend/relative that you would like to share a room with? If so please provide their name\_\_\_\_\_

*(In all other cases participants will share a twin or double room with another participant)*

**Deposit payment** *(please complete the following):*

Please charge £150 to my credit/debit card

Cardholders Name\_\_\_\_\_

Credit / debit card no\_\_\_\_\_

Valid From *(if applicable)*\_\_\_\_\_ Expiry date\_\_\_\_\_

Issue Number\_\_\_\_\_ Security Number\_\_\_\_\_

*(The security number is the three or four digit number on the back of your card.)*

Card Holders Signature\_\_\_\_\_

**Declaration and Signature:**

I understand that the objective of this trip is to raise a minimum of £500 in sponsorship for WDCS.

I understand that this trip is a challenge and that I need to have an adequate level of fitness in order to participate.

I understand that I need to obtain my own travel insurance against medical and personal risk to participate on this trip.

I understand and accept that WDCS cannot accept any liability for personal injury, illness, death, loss or damage to property or any other loss or damage you incur as a result in your participation in this trip.

I understand that if I have any concerns whatsoever about my physical fitness or health that may affect my safe participation I will consult with my doctor.

Signed\_\_\_\_\_ Date\_\_\_\_\_

*(If you are under 18, your parent or guardian must complete and sign this form on your behalf).*

Parent/Guardian's Name\_\_\_\_\_

Parent/Guardian's Relationship\_\_\_\_\_

Signed\_\_\_\_\_ Date\_\_\_\_\_