

adventurelifelinks
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## **Booking Form**

Please complete this booking form, you may complete and email directly to us, or print and post to the address above. A place will be confirmed by email or post on receipt of a booking form and deposit.

N 10				
Name and Contact Details Name:				
Name:				
Address:				
Tel:				
Email:				
LINGII .				
Emergency Contact Details				
Name:				
T 1				
Tel:				
Course Details	Cheque payments(£): Ms Jen Dickinson at above ac			
Course Title :	or bank transfer	(€):	Sparkasse Allga Adventurelifelink	
Coorse Time .			Account no. 310	
			Sort Code. 7335	
Course Dates :	IBAN:		7335 0000 0310	
	BIC:	BYLAD	EMIALG/BYLADE	-MM
Course Fee :		Course	e Deposit :	
Booking confirmation will be sent on receipt of a deposit €100 (£75). See payment details above or tick box for invoice □				
Modical & Distant				
Medical & Dietary  Please state any medical conditions relevant to the activities being undertaken (previous or current), inc. medication:				
,				
Cortain courses many require distancy requirement details places state any energial distance and				
Certain courses may require dietary requirement details, please state any special dietary needs:				
The information I have provided is accurate, and I am medically fit to undertake adventurous activities.  I understand and agree that there is a risk partaking in outdoor activities, have read the terms and conditions and agree to				
ensure I have adequate travel/activity insurance.	activities, have red	ad the tei	rms and conditions	and agree to
	Γ			
Please sign and date if you agree with the above d	eclaration:			
		Signed		Date