



Source 2 Sea Canoe Adventures
4 Dal-Nan-Each
Strontian
Acharacle
PH36 4JD

Tel: 01967 402053
Email: office@source-2-sea.co.uk

BOOKING FORM

(A Booking Form should be completed & signed by each person attending.
Please read our Terms & Conditions before completing this form.)

Contact Details

Title:	First Name:	Surname:
Address:		
Postcode:	Age (if under 18 Years):	
Home Phone:	Mobile Phone:	
E-mail:		

Personal Information

Medical conditions / Allergies / Significant Disabilities / Dietary Requirements (if optional packed lunch is required)

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Experience

Please let us know of any previous canoeing experience or qualifications that you have

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Trip Details (i.e. ½ Day Loch / Intro to canoe sailing etc.)

	Date:	AM / PM
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If booking a full day trip, is optional packed lunch required? **YES / NO**

Are you able to swim? **YES / NO**

Emergency Contact

Name and contact details of a person, not on the trip, who we can contact in case of an emergency

Name:	Relationship:	Telephone Number:
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Where did you hear about us?

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Declaration

- I have read the Terms & Conditions relating to this booking & agree to be bound by them. I confirm that I am over 18. I understand that any participant under the age of 18 must be accompanied by a parent or legal guardian at all times
- I understand it is my responsibility as a participant or guardian of a participant to inform Source 2 Sea Canoe Adventures upon booking, and also the guide before the commencement of the activity, of any illness, ailment, injury or medical condition that may put myself or others at higher risk or require additional management and leadership awareness. This information will be treated confidentially and may be discussed by a phone call with the partners of Source 2 Sea Canoe Adventures beforehand and will be shared with only the professionals involved.
- I understand and accept that the risks inherent in canoeing cannot be completely eliminated, and even if reduced to a seemingly acceptable level there will remain the chance of unpredictable occurrences resulting in injury or death. I authorise the partners of Source 2 Sea Canoe Adventures to deliver approved medical treatment as deemed necessary in an emergency.
- I consent to any photographic images of myself taken during the trip being used in any future articles, publications or promotional material by Source 2 Sea Canoe Adventures
- I enclose a cheque for the 50% deposit or will make a BACS / PAYPAL payment

Signature:	Date:
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Payment can be made by:
Cheque - payable to "Source to Sea Canoe Adventures" and posted to the address above.
Bank Transfer – Sort Code 83-20-16 Account Number 10895262
Paypal – booking@source-2-sea.co.uk