



HESTER STANDER



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BOOKING AND REGISTRATION FORM - SATURDAY PACKAGE 2026

PERSONAL DETAILS

Name and Surname _____

ID/Passport No _____

Email _____

Cellphone No _____ Citizenship _____

Next of kin _____ Cellphone No _____

MEDICAL HISTORY

State any chronic medical conditions and allergies _____

Medical Aid _____ Medical Aid No _____

Main member _____ Main member contact details _____

Does your medical aid cover evacuation? _____

HIKING EXPERIENCE

Kindly answer the following questions. It's important to know the capabilities of each participant

How often do you hike? _____

How would you describe your level of fitness to a score of 1 - 10? (10 Being extremely fit) _____

Do you have any fear of heights? If yes please indicate your level of fear, to a score of 1 - 10 (10 being extreme fear) _____

PAYMENT REQUIREMENTS

The full amount is payable in a single, once-off payment.

CANCELATION POLICY

Cancellations will not be refunded under any circumstances. Furthermore, should any inappropriate behavior come to my attention that may cause disruption or harm to the group, you will be removed immediately without refund.

BANKING DETAILS

Ms H.F.E. Stander, Capitec Bank, Savings Account, Account No: 1528040560. Please use your name and surname as reference.

Signature

Date

Place