

## **HESTER STANDER**

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## BOOKING AND REGISTRATION FORM - OUTENIQUA HIKING TRAIL

DATE: 17 - 21 NOVEMBER 2025

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 allergi	es	
Medical Aid	Medical Aid No	
Main member	Main member contact c	details
Does your medical aid cover evacuation?		
HIKING EXPERIENCE		
<b>Kindly answer the following questions.</b> How often do you hike?		·
How would you describe your level of fitness to a score of 1 - 10? (10 Being extremely fit)		
Have you done multi-day hiking with a backpack	k before?	
If yes, when was the last time you did a multi-da	ay hike and which trail did you do?	
Do you have any fear of heights? If yes please in	ndicate your level of fear, to a score of 1	- 10 (10 being extreme fear)
PAYMENT REQUIREMENTS		
The total amount of R2,410 is due upon registra send you the itinerary, packing list, and meal re	11 0	group. Once your booking is confirmed, I'll
CANCELATION POLICY		
All cancellation must be written and send by Due to the short notice period, no refunds will date will be provided.		om proceeding with the hike, an alternative
BANKING DETAILS		
Ms H.F.E. Stander, Capitec Bank, Savings Accour	it, Account No: 1528040560. Please use	your name and surname as reference.
Signature	Date	Place