



**HESTER STANDER**



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hester.hikingadventures@gmail.com

## BOOKING AND REGISTRATION FORM - DAY HIKE

TRAIL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### 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 must be paid at least one day before the hike commences.

### CANCELATION POLICY

**All cancellation must be written and send by email.**

Once payment has been made, no refunds will be issued. In the case of a no-show, the full amount will also be forfeited.

### 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