

BOOKING FORM

NAME:	
ADDRESS:	
CONTACT TELEPHONE:	
E MAIL:	
I SHOULD LIKE TO BOOK PLACE(S) ON (COURSE	
(1 st Choice DATES): (2 nd C	Choice DATES):
Total cost = £ Deposit payable (20% of fee	or £20 [whichever is greater]) £
Deposit enclosed OR Deposit paid online	to a/c no 00650006 at sort code 30-90-02
DECLARATION I understand the terms & conditions (see online) and	agree to abide by them. I am over 18.
SIGNED	DATE
Would you like to join our email list? YES NO (W	
How did you hear about us?	
Please note here any special requirements or information	ation which you believe may be of use:

When completed, please return this form via email to info@mountainacts.co.uk or via post to Kevin Walker Mountain Activities, 21 Clos Cilau, Llangattock, CRICKHOWELL, Powys NP8 1LA.