

ANDY TEASDALE GUIDING

Mountain Guide

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BOOKING FORM

PLEASE COMPLETE THIS FORM AND SEND WITH YOUR DEPOSIT.

NAME.....
ADDRESS.....
.....
.....

HOME TELEPHONE.....MOBILE.....

EMAIL.....

DATE OF BIRTH.....OCCUPATION.....

NEXT OF KIN DETAILS.....
.....
.....

COURSE REQUIRED.....
DIETARY REQUIREMENTS.....

MEDICAL CONDITIONS, OR ALLERGIES.....
.....

PAST EXPERIENCE OF RELEVANCE TO COURSE.....
.....
.....

COURSE FEE £.....

DEPOSIT OF 50% INCLUDED £.....
(IF BOOKING MORE THAN 8 WEEKS PRIOR TO START DATE)

FULL FEE INCLUDED £.....
(IF BOOKING LESS THAN 8 WEEKS PRIOR TO START DATE)

I UNDERSTAND THAT I AM RESPONSIBLE FOR ORGANISING MY OWN TRAVEL INSURANCE
TO COVER MOUNTAINEERING ACTIVITIES ON GLACIATED TERRAIN AND SUITABLE
CANCELLATION AND CURTAILMENT COVER.

SIGNED.....DATE.....



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