

BOOKING FORM

Please complete and return

Dates of your Walks Week

Participant 1

First Name

Last Name

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Address

Home Phone

Mobile phone

Email

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Any particular dietary requirements?

Participant 2

First Name

Last Name

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Address*

Home Phone*

Mobile phone*

Email*

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Any particular dietary requirements?

*You don't need to bother if same as above

I herewith confirm that I have read and fully accept the booking conditions (see overleaf).

Date:/...../.....

Signature 1:

Signature 2: