

## Georgia, High Mountain Adventure - 13 to 26 June 2021

Title	Surname	Given names*	Birthdate	Nationality	Passport number	Expiry
*Full names on passport. Then (in brackets) the name – if different – by which you are usually known						
<b>Address:</b>						
					Postcode	
<b>Landline phone</b>			<b>Mobile phone</b>		<b>Email address</b>	
<b>NEXT OF KIN</b> or other person who should be contacted in an emergency			<b>Name:</b>		<b>Relationship to you</b>	
<b>Address:</b>					<b>Phone:</b>	
<b>MEDICAL:</b> Please describe any,medical or physical conditions as well as any medications that the Tour Leader should be aware of.						
<b>DIETARY REQUIREMENTS:</b> Please describe any food allergies and/or vegetarian or pescetarian.						
<b>SPECIAL REQUESTS:</b> Single room/sharing preference						
<b>INSURANCE SECTION – Please Complete or inform Neil as soon as you acquire cover</b>						
<b>Insurance Provider</b>			<b>Policy Number</b>		<b>Emergency assistance phone number</b>	
<b>DECLARATION</b>						
I understand that this tour is an excursion arranged amongst friends, of whom the leader has agreed to organize the tour, negotiate prices and put processes in place. I will do my part to ensure the success of the tour and will not hold the leader responsible for any difficulty that I may experience, unless directly caused by the leader. I confirm that I have permission to sign for all parties noted on this form						
<b>Name</b>			<b>Signature</b>		<b>Date</b>	

Return this form to Greg Woodford. Lyndale, Basingstoke Road, Three Mile Cross, Reading RG7 1AS. A signature is required either as a scan or postal.