

Our Ref (office use only)

**Personal Details - PLEASE COMPLETE ALL INFORMATION IN BLOCK CAPITALS**

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
(As it appears in your passport) Surname Given names DD/MM/YYYY M/F

**Address** \_\_\_\_\_  
All correspondence will be sent to this address

\_\_\_\_\_ Postcode \_\_\_\_\_ Occupation \_\_\_\_\_

Landline \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

**1<sup>st</sup> Emergency Contact** \_\_\_\_\_  
Title(s) Mr/ Mrs/ Ms/ Dr First Name(s) Surname

Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Postcode \_\_\_\_\_  
 email \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact** \_\_\_\_\_  
Title(s) Mr/ Mrs/ Ms/ Dr First Name(s) Surname

Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Postcode \_\_\_\_\_  
 email \_\_\_\_\_

Programme eg Community Life 2 (See note 1)	Arrival Date (See note 2)	Depart Expedition Location (See note 2)	COST (See note 3)
1			£
'Add an Adventure' eg Basic Open Water Scuba (See note 4)			(+)
2			£
3			£
<b>Total Cost of Programme and Adventure</b>			£
<b>Deposit</b>			£ <b>250.00</b>

**Notes**

1) Please refer to our published Life Programme information	5) Once we receive your Booking Form we will send you details of your Balance payment
2) Please refer to our published Travel Dates information. Ensure you include Day/Month/Year	6) Balance payment is due 8 weeks prior to departure
3) Flights and Travel Insurance are not included in the Programme Price	7) For bookings made within 8 weeks of departure full payment is required
4) Please refer to the 'Add an Adventure' section on the published Life Programme information	8) Please refer to our Terms and Conditions for payment details and our Cancellation Policy

**Deposit Payment**

A non returnable deposit of £250 is payable on booking. We accept cash, cheques, debit and credit cards (there is an additional 2% charge for credit card payments)

Cash or Cheque enclosed (please make cheques payable to **Camps International Ltd.**)

**Card Payment**  Visa Debit  Maestro  Solo Card Number \_\_\_\_\_  
(Please tick card type and complete all available details)  Visa Credit  Mastercard Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Issue Number \_\_\_\_\_

Card Holders Name \_\_\_\_\_  
(as it appears on the card)

Address \_\_\_\_\_  
(If different from correspondence address)

\_\_\_\_\_ Postcode \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

## Medical Questionnaire

It is essential for us to know of any such condition for planning purposes. The following questions have been developed to provide information that may be helpful in assisting us in any medical situation involving you. With this in mind you are requested to provide all relevant details at this time and to advise us of any changes in your health/ fitness between now and the Expedition. Please use a separate sheet if necessary. Insurance cover is subject to full disclosure, failure to disclose any pre-existing medical condition may invalidate any insurance. If you are uncertain of any health matter please consult your own Doctor before booking.

**1 Do you or have you ever suffered from the following? If you answer 'yes' to any of the questions please provide further details, use an additional sheet if necessary.** (please circle as necessary)

Epilepsy/fits or blackouts	NO	YES	Heart/chest or lung problems	NO	YES
Diabetes	NO	YES	Anxiety/depression or eating disorders or had to see a psychiatrist	NO	YES
Recurrent ear or sinus problems	NO	YES	Blood disorders	NO	YES
Problems with mobility/lifting/carrying	NO	YES	If YES please provide details		

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**2 Do you have asthma?** NO YES  
(please circle as necessary)  
If so have you

a) needed hospital treatment for this, please state when and provide details

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b) needed steroid tablets NO YES

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Please list inhalers and other medicines used

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**3 Have you had** (please circle as necessary)  
If you answer 'yes' please provide further details using an additional sheet.

a) any operations NO YES  
b) any serious illness requiring hospital admission NO YES  
c) a head injury with loss of consciousness NO YES

**4 Please list any medicines that you take regularly**

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**5 Please list any allergies (eg nuts/penicillin)**

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**6 Do you have any specific dietary requirements** (eg Vegetarian, please circle as necessary) If yes please provide further details

NO YES

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**7 Please add any further relevant information that may affect your ability to fully participate in expedition activities**

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**8 Can you swim 50 meters?** NO YES

## Security of information and use of images

To ensure the safe running of our Expeditions we need to use the information given on this form. We take full responsibility for ensuring that proper security measures are in place to protect this information when it is passed to our overseas subsidiary offices and third party suppliers (eg airlines, etc). Any images taken of you whilst on our Expeditions, and images made available to us by you, may be used by us for marketing purposes.

### Declaration

I have read and understood the Current Camps International Limited Terms and Conditions and confirm that I am willing to abide by the decisions Camps International Limited. To the best of my knowledge and belief the information provided on this form is correct and I know of no reasons why I should not participate in the above Expedition and will not be travelling against medical advice.

Signature

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Date

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