



Booking Form

Course Activity Booked:	
Course date: (dd/mm/yyyy)	
Number of people in party:	

Surname:	
First Name:	
Gender:	
Age:	
Address:	
Post Code:	
Telephone:	
Email:	

Contact Person: (emergency contact)	
Contact Telephone:	
Do you have any medical conditions which could affect your participation in these activities? (include details)	

Signature:	
Date:	
How did you hear about North Ridge Adventure?	

In line with the BMC participation statement, North Ridge Adventure recognises that mountaineering and hill-walking training are activities with a danger of personal injury or death. Participants in this activity should be aware of and accept these risks and be responsible for their own actions and involvement.