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| Date Form Completed: Trip Destination: Mount Toubkal  Trip Date: 24/9/2021 |

**Booking Form**

This booking form is required to secure your place on any trip with The Bucket List Company and forms a contract as per our Terms and Conditions.

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| 1. **Personal details**
 |
| Full name as appears on passport |  |
| Preferred name |  |
| Date of birth |  |
| Address |  |
| Post code |  |
| Contact mobile |  | Contact home |  |
| Contact work |  | Email |  |

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| 1. **Next of kin details**
 |
| Name  |  |
| Relationship |  |
| Address |  |
| Post Code |  |
| Contact mobile |  | Contact home |  |
| Contact work |  | Email |  |

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| 1. **Passport details**
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| Passport number |  | Nationality |  |
| Date of issue |  | Date of expiry |  |
| Place of issue |  |

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| 1. **Medical Questionnaire**
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| We ask that all customers take a responsible and safe approach to preparation to adventure travel with The Bucket List Company. It is your responsibility to liaise with medical professionals to agree your fitness and suitability for the trip. Please complete this section with as much information as possible so that, should our guides needs to act in an emergency, they have all health information required. |
| **Have you suffered in the past 5 years from any of the following?** |
| Asthma | Yes | No |
| Diabetes | Yes | No |
| Epilepsy or any other seizures | Yes | No |
| Mental health condition | Yes | No |
| What is the protocol for dealing with any condition stated above? |
| **Do you regularly take prescription medication?** | Yes | No |
| If so, please give name and dosage: |
| **Are you allergic to any of the following?** |
| Penicillin | Yes | No |
| Aspirin | Yes | No |
| Zinc oxide/Elastoplast | Yes | No |
| Any immunization drugs | Yes | No |
| Food items | Yes | No |
| Other: | Yes | No |
| Additional info on allergy: |
| **Have you ever been admitted to hospital or suffered from a major incident which could affect your performance on the trip?** | Yes | No |
| If so, please give details |
| **Do you have any condition which affects your mobility or ability to carry weight?** | Yes | No |
| If so, please give details: |
| **Terms and Conditions:** If you are suffering from any of the conditions set out on the Booking Form, we may, if provided with a suitable certificate from a doctor, accept you as an adventure member. Where your health is being adversely affected by the adventure (e.g. altitude sickness) we reserve the right to require you not to participate on some or all of the activities planned for your adventure. |  |  |
| **Do you have any specific dietary requirements?** | Yes | No |
| If so, please give details: |  |  |
| Height: Weight: |
| T Shirt size (for promotional items): | Male | Female |

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| **Declaration** |
| **I have read and understood The Bucket List Company Terms and Conditions as detailed on the website and booking confirmation. I agree to follow these terms and conditions and the decisions of the expedition leader. To the best of my knowledge all details included are accurate at the time of completing this form. If there are any details that change before my departure I agree to update The Bucket List Company with all relevant information to ensure my booking is accurate.** |
| **Signature** |
| **Expedition member Signature** |  |
| **Print name** |  |
| **Date** |  |

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| **Declaration of parental consent (For family bookings only)** |
| **I have read and understood The Bucket List Company Terms and Conditions as detailed on the website and booking confirmation. I agree to follow these terms and conditions and the decisions of expedition leader on behalf of my child. To the best of my knowledge all details included are accurate at the time of completing this form. If there are any details that change before my trip departure, I agree to update The Bucket List Company with all relevant information to ensure my child’s booking is accurate.** |
| **Signature** |
| **Expedition member Signature** |  |
| **Print name** |  |
| **Date** |  |