www.outlawtrails.com

Outlawtrails Booking Form

Name:								
Address:								
Postcode:								
Home tele	phone number:	Mobile number:				Work telephone number:		
Fax:		Email address:						
Preferred	method of contact:							
Title	First name	Surname		Date Of birth Nationality				
Full name as pe		er passport:	D	М	Year	Please specify:		
Weight	Height	Fitness level	Ridir	ng Experience				
INSURAN	CE:							
My insure	rs are:							
Policy number:								
24 hour contact number:								

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HOLIDAY:								
Name of Ride:		Country:	Country:					
Departure date:		Return date:	Return date:					
DEPARTURE DETAILS:								
OUTBOUND:			INBOUND:					
Flight from:	Airline:	Flight from:	Airline:					
Flight no:	Arrival Time:	Flight no:	Arrival Time:					
LIABILITY:		,						
			rangements, and in particular has no liability for any death, use operates in conjunction with the detailed booking					
Each person or member of the party/your party must read, understand, acknowledge and sign separate copies of a booking form so they are deemed fully responsible for their part in undertaking an Outlaw Trail ride. This means that the organizer of a party is not held accountable, implied or given.								
I/We enclose: £/\$/E per person, which represents the total deposit(s) for my/our party.								
I agree on behalf of the persons named liability clauses on the booking form an			orized to make this booking, that I/We fully understand the					
SIGNED:		DATE:	DATE:					