

ANDES SUMMITS expedition BOOKING FORM

Name: Date of Birth:

Address:

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Telephone: Day Evening

Email address

Nationality Passport number

Name & address of Next of Kin:

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Previous experience:

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Do you have any MEDICAL CONDITIONS or SPECIAL REQUIREMENTS of which we should be informed?

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AGREEMENT. If this application is accepted I agree to accept such instructions as the expedition leader(s) may consider it necessary to give in order to secure the safety of people taking part in the expedition. I understand that mountaineering is an inherently dangerous activity and that in joining this expedition I fully accept the risks involved.

Signature: Date:

To secure a place on the expedition please return this form,
together with a deposit of £600 in the form of a sterling cheque
or bank draft payable to **ISM Expedition**.

ISM Hafod Tan-y-Graig Nant Gwynant Caernarfon LL55 4NW UK
(Tel: 01766 890 441 Fax: 01766 890 599 Email: ism@alpin-ism.com)