

## Booking Form

Please complete in block capitals, sign and send with your payment to the address below

Title	First Name	Surnan	ne
Address			
			Postcode
Telephone Num	nber		
Date of Birth _	Male _	Female	Course Date
Course Title _			
Please list any	medical condition or spe	ecial dietary needs that we	e should be aware of:
is a certain degree will be made to mir tools, knives, mache will hold no respons	of risk. The experienced leadenimize risk and full safety guidetes and axes will be given guidetes.	er will endeavour to ensure the stellines will be explained at the stellines by the instructor, but do so injury that may occur. By signing	is the nature of adventure activities that there safety of participants at all times. Every effort start of the course. Students who wish to use at their own risk. Backwoods Survival School below, I agree to accept this risk and to obey
offered by Backwoo	ods Survival School contain an		ith any outdoor activity, the course and events owever unlikely, the risk can become a reality. ailed on the website
Signed			Date

