



YAMNUSKA MOUNTAIN ADVENTURES – BOOKING FORM

Program:	Dates:
Full Name:	
Address:	
Home Phone Number:	
Work Phone Number:	
Email:	
Gender:	Age:
Dietary Considerations:	
Rental Equipment Required:	
How did you hear about this program?	

Cancellation Insurance:

I have read and understood the cancellation insurance and do require it.

I do not require

Payment:

Please accept my: Deposit Payment in full

I wish to pay by credit card: Visa MC

Name of Credit Card:	
Credit Card Number:	Expiry Date:

Please use this credit card for final payment when due.

I have read the booking conditions and agree to them

Signature:	Date:
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