



BESPOKE AFRICAMP APPLICATION 2010

Bespoke Options 2010 - Please tick which options you would like to do below			
Tigithi Camp 8th - 17th July	Mt Kenya 1. 19th - 23rd July	Safari 1. 24th - 26th July	
Nanyuki Camp 18th - 22nd July	Mt Kenya 2. 3rd - 7th Aug	Safari 2. 2nd - 4th Aug	
Nairobi Camp 23rd - 31st July	Mt Kenya 3. 5th - 9th Aug	Safari 3. 8th - 10th Aug	
Embu Camp 29th - 7th Aug	Mt Kenya 4. 10th - 14th Aug	Safari 4. 15th - 17th Aug	
Coast 1. 28th July - 1st Aug	Coast 2. 12th - 16th Aug	Coast 4. 19th - 23rd Aug	
Kilimanjaro 20 th - 29 th Aug	Additional Time in Kenya	Post Kili Safari 29 th - 1 st Sept	

Title: (Mr/Miss/Mrs) _____ Full name: _____

Date of birth: _____ Age: _____ Occupation: _____ Vegetarian: (Y/N) _____
(If vegetarian or you have specific dietary needs, please provide information on a separate sheet)

Address for correspondence:

 _____ Post code: _____

Telephone numbers:

Home: _____ Work: _____ Mobile: _____

Email: _____
(if your email address should change or you have difficulty checking it, you must inform us)

In case of emergency please name your next of kin and their contact number:

 Next of Kin Email: _____

Please give brief details of any qualifications, awards or travel experience, which you think may be relevant to your application for the expedition:

Remittance Details: A deposit of £250 is required with the booking form. All cheques should be made payable to 'ADVENTURE ALTERNATIVE'. Full payment is due eight weeks before departure.

Signature:

Date:

(Parent or guardian if applicant is under 18).

Relationship to you:

ADVENTURE ALTERNATIVE MEDICAL FORM - confidential

The following questions are designed to assist us in any medical situation involving you. For this reason we ask that you provide all relevant details at this time, on a separate sheet if necessary, and advise us of any changes in your health/fitness between now and the date of departure.

The information you provide on this questionnaire will be accessed only by the Expedition Leader and Administrator. Except as directed by your own Doctor, no medical condition or handicap will automatically prevent anyone joining an Adventure Alternative Expedition; however it is important in planning the requirements of the expedition that we know about any such conditions. Please be aware that a 'certificate of fitness' may be required from your doctor in some cases and you will be advised if this is necessary.

Members Name:

Proposed Expedition:

- | 1. | Do you suffer from any of the following ? | Yes/No | Details |
|-------|---|--------|----------------------------------|
| | Asthma/difficulty breathing
Diabetes
Epilepsy
Back trouble
Heart Condition
Recurring ear ache/toothache
Fainting spells | | |
| 2. | Do you take any drugs regularly ? | Yes/No | If so, please give details below |
| <hr/> | | | |
| 3. | Do you suffer from any condition that affects your ability to carry weights or your overall mobility ? | Yes/No | If so, please give details below |
| <hr/> | | | |
| 4. | Are you allergic to any medication ?
Eg Aspirin, penicillin, zinc oxide plaster | Yes/No | If so, please give details below |
| <hr/> | | | |
| 5. | Any planned changes in your medical condition ?
Eg operations, medications | Yes/No | If so, please give details below |
| <hr/> | | | |
| 6. | Are you allergic to any foods or anything else ?
Eg peanuts, dairy products, dust | Yes/No | If so, please give details below |
| <hr/> | | | |
| 7. | Do you have any pre-existing conditions or operations?
Eg head injuries | Yes/No | If so, please give details below |

I declare that the information given is to the best of my knowledge correct and complete. I have read and confirm that I accept the booking terms and conditions which are on the adventure alternative website. If you are under 18 years of age, your parent or guardian must sign here:

Signed:

Date:

**Please return with deposit to:
Adventure Alternative, PO Box 14, Portstewart, N.Ireland, BT55 7WS**