



## Your summit awaits

Make your dream a reality, put on those boots and set off on an adventure to one of the great mountains of the world. Whether it's Kilimanjaro, Aconcagua, Elbrus, Everest Base Camp or one of the other peaks you hanker after, with Ronnie Muhl as your guide, this is your time, this is your summit.

# BOOKING & REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER PERSON BOOKING, IN CLEAR PRINT.

NAME AND SURNAME	
TRIP FOR WHICH YOU ARE BOOKING	
DATE OF DEPARTURE FOR TRIP	

TRAVEL ARRANGEMENTS			
(Please indicate as applicable ✓)			
<input type="checkbox"/>	FLIGHT INCLUSIVE PACKAGE	<input type="checkbox"/>	LAND ONLY PACKAGE
DO YOU NEED ASSISTANCE WITH YOUR TRAVEL ARRANGEMENTS?			Y N
IF YES, PLEASE PROVIDE DETAILS			
DO YOU HAVE TRAVEL INSURANCE ?			Y N
IF YES, PLEASE PROVIDE A COPY OF POLICY		IF NO, PLEASE INDICATE IF WE CAN ASSIST	



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### PERSONAL DETAILS

**\*PLEASE USE INFORMATION EXACTLY AS IT APPEARS IN YOUR PASSPORT.**

*TITLE, NAME AND SURNAME			
RESIDENTIAL ADDRESS			
*NATIONALITY		DATE OF BIRTH	
*PASSPORT NUMBER		*PLACE OF ISSUE	
*DATE ISSUED		*EXPIRY DATE	
E-MAIL ADDRESS			
HOME TELEPHONE NUMBER			
WORK TELEPHONE NUMBER			
MOBILE NUMBER			
OCCUPATION			

### EMERGENCY CONTACT DETAILS

TITLE, NAME AND SURNAME	
E-MAIL ADDRESS	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	
MOBILE NUMBER	
RELATIONSHIP TO YOU	



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DIETARY / SPECIAL REQUIREMENTS	
VEGETARIAN	
OTHER DIETARY REQUIREMENTS	
SPECIAL REQUESTS	

MEDICAL DECLARATION		
DO YOU SUFFER FROM A SPECIFIC MEDICAL CONDITION?	Y	N
IF YES, PLEASE SPECIFY.		
HAVE YOU UNDERGONE ANY SURGERY	Y	N
IF YES, PLEASE SPECIFY.		
DO YOU HAVE ANY ALLERGIES OR USE ANY SPECIAL MEDICATION	Y	N
IF YES, PLEASE SPECIFY.		
FOR YOUR SAFETY, PLEASE DECLARE ANY RELEVANT MEDICAL INFORMATION NOT ADDRESSED ABOVE.		





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### PAYMENT

Your payment can be made by Credit Card OR Direct Deposit OR Electronic Bank Transfer:

#### DIRECT DEPOSIT OR ELECTRONIC BANK TRANSFER:

Summit Strategies cc.  
Standard Bank. Blue Route Centre.  
A/c No: 270049428.  
B/Code: 02-56-09. Ref: Your Name.  
*Please Fax Proof of Deposits to e-fax: 086 634 8425*

#### SECURE CREDIT CARD TRANSACTIONS:

Please indicate Card Type ✓



Name of Cardholder

\_\_\_\_\_

Card Number																			
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Exp Date: 

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CVC No: 

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Authorised Signature: \_\_\_\_\_

Amount : \_\_\_\_\_

**PLEASE FAX THIS ENTIRE FORM TO OUR SECURE e-fax: 086 634 8425**