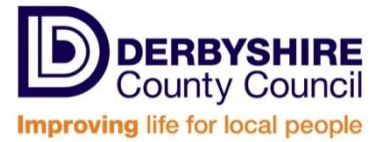




White Hall
Outdoor Education centre



EXPEDITION SKILLS
APPLICATION FORM

Course No: _____ From: _____ To: _____

Surname: _____ First Name(s): _____ Sex: M/F

D.O.B. _____ Home Address: _____

Post Code: _____ Daytime Telephone Number: _____

email address: _____

MTE Registration Number: _____

Details of any medical condition, illness/ medication we should be aware of:

Name and address of family doctor: _____

To be signed by all applicants:

I have read and agree to abide to the Conditions of Booking as detailed overleaf.

Signed: _____ Date: _____

Please return this form together with your fee to:

White Hall Centre
Long Hill
BUXTON
Derbyshire
SK17 6SX

Telephone: 01298 23260
Fax: 01298 25945
email: white.hall@derbyshire.gov.uk



www.mountain-training.org

Conditions of Booking

1. I understand the nature of the course and agree to abide by all safety regulations.
2. I understand that in the event of accident, loss or damage, the County Council will be responsible for its own liability including neglect attributable to its employees in the course of their duty.
3. I understand that the course fee **does not** include insurance against cancellation, personal injury, loss or damage to equipment whilst on the course.
4. I understand that in the event of having to cancel my place on this course the following criteria will apply:
 - Within 1 month of the course date - full payment will still be payable
 - Over 1 month of the course date - 25% will be payable.