



Name:

Address:

Email:

Tel. Home:

Tel Mob:

Number of adults:

Number of under 18's:

Age of under 18's:

Activity:

Date of Activity:

Transport Required : Yes / No

From:

Cost Per person:

Total cost:

Deposit Sent:

Do you or anyone in your group have any medical or physical disability, illness or allergy requiring medication or treatment that may affect them during the activities:

No/Yes please delete.

If yes please send short details with this form. This will be treated in strictest confidence

Details of Booking and Terms and Conditions can be found on [www.highway2adventure.com](http://www.highway2adventure.com)

Signature:

Date:

Please send your completed booking form and cheques to: Highglen Adventure Ltd , 100 East High Street , Forfar, Angus , DD8 2ET