

WILDERNESS ON WATER

7-Day Expedition by Kayaks

RESERVATION FORM

Name: _____ Number in party: _____

Address: _____ City: _____

State: _____ Postal Code: _____

Phone (day): _____ (evening): _____

Email _____

Date of Trip _____ Deposit Enclosed: _____

For boat fitting purposes, we need to know your approximate:

Age _____ Weight _____ Height _____

Circle your paddling skill level

Beginner Intermediate Advanced

Normal buoyancy vest size: Small Medium Large X large**What extra equipment to you need us to supply?**

_____ Sleeping bag

_____ Sleeping Sheet (required if using our sleeping bag @ a cost of \$25)

_____ Sleeping Matt (3/4 length thermorest)

_____ Neoprene Booties size: _____

Are you suppling your own tent? Yes No

If you say you are suppling your own tent, a tent will not be available for you at the airport (in case you change your mind), as all of our group gear is flown in a week before the trip.

Do you have any dietary preferences (what you do and don't eat) _____**If you are a member of a group please give the names & phone numbers for the other party members:**_____
_____**Roaring 40's Ocean Kayaking**

PO Box 294 Kettering Tasmania 7155 Australia

Phone +61 3 6267 5000 | Fax +61 3 6267 5004 | Email rfok@ozemail.com.auwww.seakayakingtasmania.com.au ---|--- www.roaring40skayaking.com.au

Describe your outdoor background, regular physical activities & swimming ability:

Do you have any medical conditions that we should know about?

If so, please describe, including how it may affect your ability to participate in this activity:

All Participants will have to sign a Waiver of Liability before the commencement of the trip.

Deposit Information

In order to secure your booking on the 7 day Wilderness On Water Expedition please enclose a non-refundable deposit of \$300 pp.

On receipt of your deposit you will be sent a trip information package including travel information form, medical form and an acknowledgment of risk form.

For Direct Deposits

(Please be sure to include your name and send us a remittance):

Bank: Westpac Bank

Account: Roaring 40's Ocean Kayaking

BSB#: 037-015

Acct#: 125163

Credit Card Payment

Name: _____

Credit Card Number: _____

Expiry Date: _____

CVC# (last 3 digits on signature panel) _____

Signature: _____ Date: _____

Send us a Cheque or Bank Cheque

Made payable to:

Roaring 40's Ocean Kayaking

PO Box 294

Kettering TAS 7155

Phone: 03 6267 5000 **Fax:** 03 6267 5004

Email: info@roaring40skayaking.com.au

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