



WILDERNESS ON WATER

# 3 day exploration in kayaks

RESERVATION FORM

Name: \_\_\_\_\_

Number in party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_

(evening): \_\_\_\_\_

Email \_\_\_\_\_

**Date of Trip:** \_\_\_\_\_

**Deposit Enclosed:** \_\_\_\_\_

**For buoyancy vest & boat fitting purposes, we need to know your approximate:**

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**Circle your normal buoyancy vest size:** Small Medium Large X large

**Circle your paddling skill level:** Beginner Intermediate Advanced

**Do you have any dietary preferences** (what you do and don't eat) \_\_\_\_\_

**What extra equipment to you need us to supply?**

\_\_\_\_\_ Sleeping bag

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

\_\_\_\_\_ Neoprene Booties size: \_\_\_\_\_

**If booking as a member of a group what are the names & phone numbers of the other members:**

\_\_\_\_\_

\_\_\_\_\_

**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 form  
before the commencement of your trip

### DEPOSIT INFORMATION

In order to secure your booking on the **Wilderness on Water 3 Day Exploration in Kayaks** we require a non-refundable deposit of **\$250 per person.**

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

### FOR DIRECT DEPOSITS:

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

**Bank:** Westpac Bank

**Account:** Roaring 40's

**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  
PO Box 294  
Kettering TAS 7155

**Phone:** 03 6267 5000

**Fax:** 03 6267 5004

**Email:** info@roaring40stours.com.au