







Adult Registration Form

We are delighted that you wish to join one of our trips. **Please read the following very carefully before proceeding:**

This registration form is legally binding between AHA Courses Ltd and the person responsible for paying the fees and must be filled out by the feepayer. Once you have submitted this form, you will be sent the means of payment for the deposit. In order for your place to be totally secure, we must receive payment of the deposit within 7 working days of the date of submission.

Please complete all questions mo	arked with an *
TRIP NAME*	
DATES OF TRIP*	
Client Details	
First Name (as appears on pass	sport)*
Preferred Name	
Last Name (as appears on pass	sport)*
Date of Birth (Please enter as D	DD/MM/YY)*
Passport Number*	
Passport Issue Date*	
Passport Expiry Date*	
Place of Issue*	
Nationality*	
Need Visa?*	Yes / No
Address (Line 1)*	
Address (Line 2)	
Address (Line 3)	
Town*	









County*					
Country*					
Postcode*					
Home Telephone Number					
Mobile Telephone Number*					
E-mail*					
Statements (see notes below)				
Medical Condition*					
Medication*					
Dietary Requirements*					
Today's Date*					
Name and number of emerger	ncy contact (optional)			
Would you like a double roor	n for single use? (pl	ease note single occu	ipancy supple	ement)	
TRAVEL INSURANCE: I underso			•	•	
PASSPORTS & VISAS: I underst travel over the dates shown ab				ave a valid passp	ort for
YOUR DETAILS: I understand them onto any third parties an		,			•
THE DEPOSIT: I will send a dep we will email you details of how note that we cannot accept crepayment).	v to make a deposit	payment. Payments t	o be made by	bank transfer; p	lease
I have read the <u>Terms and Con</u>	ditions taking specia	l notice of the cancel	lation procedu	ure.	
Signature			1	Date	