

Office use  
 Received:  
 Deposit:  
 Scanned:  
 Confirmation:  
 Final sent:  
 Payment:



# Booking Form 2019

**Please ensure every question is answered in full**

## Passenger's Personal Information

**Are you disabled/a carer of a disabled person/ infirm/other**

*please delete as appropriate*

Name			
Date of Birth	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email address			
Landline number			
Mobile phone number			
Home Address			
Post Code			

## Next of Kin Information

## Organiser's details if different

Name			
Landline number			
Mobile phone number			
Email Address			
Relationship to Passenger			
Home Address			
Post Code			

## Holiday Booking Information

Trip code	KA <input type="checkbox"/> - <input type="checkbox"/>	Number of Days	<input type="checkbox"/>
Start date			Finish date

Are you coming with a carer? YES  NO  if so please state their name:

Are you caring for a passenger? YES  NO  if so please state their name:

Do you suffer from a disability? YES  NO  Please give details

Are you bringing a wheelchair? YES  NO  Please advise if electric. Please note our boats only have room for standard chairs and the maximum number allowed per boat is 3

Do you need a hoist? YES  NO  Do you need a cot side? YES  NO  Any Other Requirements:

What bed can you use? **Tick all that apply**  
 Upper Bunk  Lower Bunk  Bed  must be bed

Are you vegetarian? YES  NO  Are you diabetic? YES  NO  Do you need low cholesterol food? YES  NO

Do you have special dietary needs? YES  NO  If yes give details (e.g. purée):

## Medical Information

### Contact details in case of emergency

### Contact details for your Doctor

Name			<b>Dr.</b>		
Landline number					
Mobile phone number					
Email Address					
Relationship to Passenger			Practice Address:		
Home Address			Post Code		
Post Code					
Do you have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:		
Are you receiving any medical treatment at present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give details:		
Date of last anti-tetanus injection?			Have you recently been in contact with any infectious illnesses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there anything else you would like us to know?			Details:		

We occasionally may visit a pub are you able to drink alcohol

YES  NO

## Payment Details

I would like to take cancellation waiver	YES <input type="checkbox"/>	NO <input type="checkbox"/>	I am paying my deposit by: BACS <input type="checkbox"/> Cheque <input type="checkbox"/>		
I enclose:	Deposit	£	The deposit is 1/3 of the total cost of the holiday, cheques should be made payable to <b>Gloucestershire DART</b> . The final balance will be due at least 14 days before start date.		
	Cancellation waiver fee	£			
	<b>TOTAL</b>	£			

## Legal

During your trip, DART may take photographs for use in promotion and publicity. Please tick here if YOU DO NOT WANT photographs containing your image to be used in this way

I have read and accepted the terms and conditions for DART holidays including those relating to cancellations and insurance.

Signed:	Date
Print name:	Please indicate in what capacity you are signing: Passenger / Carer / Organiser

**Please check the form is complete and then return along with your Risk Assessment Form (without this form a booking cannot be confirmed) to DART Trust, PO 6251 NEWBURY RG14 9NE email: contact@glosdart.co.uk**

To help our marketing please let us know how you heard about DART holidays this year

Previous Customer	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
DART Brochure received through the post	<input type="checkbox"/>	Personal recommendation	<input type="checkbox"/>
Bruce Trust referral	<input type="checkbox"/>	Health professional	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	Other- please detail	<input type="checkbox"/>