



Your summit awaits

Make your dream a reality, put on those boots and set off on an adventure to one of the great mountains of the world. Whether it's Kilimanjaro, Aconcagua, Elbrus, Everest Base Camp or one of the other peaks you hanker after, with Ronnie Muhl as your guide, this is your time, this is your summit.

BOOKING & REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER PERSON BOOKING, IN CLEAR PRINT.

NAME AND SURNAME	
TRIP FOR WHICH YOU ARE BOOKING	
DATE OF DEPARTURE FOR TRIP	

TRAVEL ARRANGEMENTS			
(Please indicate as applicable ✓)			
<input type="checkbox"/>	FLIGHT INCLUSIVE PACKAGE	<input type="checkbox"/>	LAND ONLY PACKAGE
DO YOU NEED ASSISTANCE WITH YOUR TRAVEL ARRANGEMENTS?			Y N
IF YES, PLEASE PROVIDE DETAILS			
DO YOU HAVE TRAVEL INSURANCE ?			Y N
IF YES, PLEASE PROVIDE A COPY OF POLICY		IF NO, PLEASE INDICATE IF WE CAN ASSIST	

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PERSONAL DETAILS			
*PLEASE USE INFORMATION EXACTLY AS IT APPEARS IN YOUR PASSPORT.			
*TITLE, NAME AND SURNAME			
RESIDENTIAL ADDRESS			
*NATIONALITY		DATE OF BIRTH	
*PASSPORT NUMBER		*PLACE OF ISSUE	
*DATE ISSUED		*EXPIRY DATE	
E-MAIL ADDRESS			
HOME TELEPHONE NUMBER			
WORK TELEPHONE NUMBER			
MOBILE NUMBER			
OCCUPATION			

EMERGENCY CONTACT DETAILS	
TITLE, NAME AND SURNAME	
E-MAIL ADDRESS	
HOME TELEPHONE NUMBER	
WORK TELEPHONE NUMBER	
MOBILE NUMBER	
RELATIONSHIP TO YOU	

DIETARY / SPECIAL REQUIREMENTS	
VEGETARIAN	
OTHER DIETARY REQUIREMENTS	
SPECIAL REQUESTS	

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8 Milton's Way, 11 Bell Crescent, Westlake Business Park, Westlake. P O Box 31169, Tokai 7966, Cape Town, South Africa.
office +27 (0)86 0 111 669 | **fax** +27 (0)86 575 0187 | **mobile** 082 777 8151 | **email** info@7summitssa.co.za | **www.7summitssa.co.za**

MEDICAL DECLARATION		
DO YOU SUFFER FROM A SPECIFIC MEDICAL CONDITION?	Y	N
IF YES, PLEASE SPECIFY.		
HAVE YOU UNDERGONE ANY SURGERY	Y	N
IF YES, PLEASE SPECIFY.		
DO YOU HAVE ANY ALLERGIES OR USE ANY SPECIAL MEDICATION	Y	N
IF YES, PLEASE SPECIFY.		
FOR YOUR SAFETY, PLEASE DECLARE ANY RELEVANT MEDICAL INFORMATION NOT ADDRESSED ABOVE.		

EXPERIENCE
Please provide a brief resume of your outdoor experience over the last three years (please provide dates)

PAYMENT

Your payment can be made by Credit Card OR Direct Deposit OR Electronic Bank Transfer:

DIRECT DEPOSIT OR ELECTRONIC BANK TRANSFER:

Summit Strategies cc.

Standard Bank. Blue Route Centre.

A/c No: 13-582-716-7

B/Code: 02-56-09.

Swift Code: SBZA ZAJJ

Ref: Your Name.

Please Fax Proof of Deposits to e-fax: 086 575 0187

SECURE CREDIT CARD TRANSACTIONS:

Please indicate Card Type ✓



Name of Cardholder

Card Number

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Exp Date:

		/		
--	--	---	--	--

CVC No:

--	--	--	--	--

Authorised Signature:

Amount :

PLEASE FAX THIS ENTIRE FORM TO OUR SECURE e-fax: 086 575 0187

CANCELLATIONS AND REFUNDS

- In the unlikely event of Summit Strategies cancelling an expedition, we shall either refund full payment to the client or offer a substitute expedition.
- Should a client wish to cancel a booked expedition, a cancellation letter must be sent to Summit Strategies to terminate such booking. Please note cancellation terms:
- If a booking is cancelled more than 60 days prior to departure, the full deposit will be retained.
- If a booking is cancelled 30 days prior to departure, 40% of the total expedition fee will be payable by the client.
- If a booking is cancelled 15 days prior to departure, 60% of the total expedition fee will be payable by the client.
- If a booking is cancelled 14 days prior to departure, the total payment of the expedition is payable.

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- If you fail to join a expedition, or join after departure, or leave prior to its completion, no reimbursement whatsoever will be made.

INDEMNITY

Although we strive to avoid any possible challenges which could impact on your enjoyment / full achievement of your experience and goals for this expedition, Summit Strategies, its employees, tour guides and affiliates, do not accept responsibility for any client and/or their dependant/s in respect of any loss, damage, injury, illness, accident, fatality, delay or other unexpected inconvenience experienced during or after any expedition organized by Summit Strategies.

If any additional expenses are incurred through delays, accidents or disruption of the planned itinerary beyond the control of Summit Strategies, i.e. wars, strikes, weather conditions and acts of God, such expenses are to be borne by the client.

By signing this document it is understood that the content of this Booking Form, with all the clauses, sub-clauses and proposed amounts are accepted.

Signature _____

Date: _____

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