|  |  |
| --- | --- |
| NAME OF TRIP: Click here to enter text. | CLOSING DATE: Click here to enter text. |
| TO: Click here to enter text. | LOCATION: Click here to enter text. |

For flying trips, name **must** correspond to those shown on your passport(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **HASSRA LeedsMember Number** | **Type of roomDouble/Twin/Single/Family** | **Amount of Deposit** | **Balance of cost of trip** |
| Click here to enter text. | Enter Text. | Click here to enter text. | Enter Text. | Enter Text. |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. |

|  |  |
| --- | --- |
| If associate member: Sponsor Name: Click here to enter text. | HASSRA number of sponsor: Click here to enter text. |
| Name of lead contact: Click here to enter text. |
| Address (Work if staff member): Click here to enter text. |
| Phone (Work if staff member): Click here to enter text. | Mobile: Click here to enter text. |
| E-mail (Work if staff member): Click here to enter text. |
| **Please ensure that you provide full contact details. Failure may prejudice your booking.****Insurance cover, dietary or ability requirements (must be provided with balance if not before)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Insurer** | **Policy No.** | **Expiry Date** | **Dietary or other requirements** |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. | Click here to enter text. |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. | Click here to enter text. |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. | Click here to enter text. |
| Click here to enter text. | Enter Text. | Enter Text. | Enter Text. | Click here to enter text. |

***DISCLAIMER . This must be completed to enable acceptance of the application***

I can confirm that I have authority to act for all applicants and that all have read, understand and agree to abide by

the Terms & Conditions set by HASSRA (Leeds) and any additional terms as specified by linked travel companies.

Travelling Alone?

If travelling alone, would you like to "buddy" in a twin room with another tripper of the same sex, to avoid the single supplement? YES[ ]  / NO[ ]

Would you be willing to "buddy" if you have requested a single room but none is available? YES[ ]  /NO[ ]

Please refer to the trip advertisement for:

- The names and address of the trip organiser, to whom this form should be sent

- The closing date for applications

 The deposit required\*

Balances will be required approximately 4 - 8 weeks before trip.

Booking Form Notes: Cheques to be made payable to HASSRA Leeds unless otherwise specified in the advertisement. In the event of

over-subscription, a ballot will be held and un-cashed cheques will be returned to unsuccessful applicants.

Remember to enclose your cheque with the application. Cheques will not be banked until after the closing date, but bookings will not be accepted

without a completed application together with cheque.

Travel insurance is recommended for all trips but is mandatory for trips abroad. Insurance cover should include cover for medical treatment, an

emergency help line, and repatriation cover – see also para 5 of the terms and conditions. For activities such as mountain sports additional specialist

insurance will also be essential.

Applicants requiring confirmation that booking form & cheque has been received must enclose a self addressed envelope/grid.

Please refer to full terms and conditions when applying as printed in the Newsletter and on HASSRA Leeds website [www.hassraleedsnewsletter.com](file:///C%3A%5CUsers%5Cbeaut%5CDownloads%5Cwww.hassraleedsnewsletter.com)