

## Bhutan – Jomolhari Base Camp Trek

16<sup>th</sup> – 27<sup>th</sup> February 2019

Please send this **completed form** and a **copy of your passport**, along with your **cheque** (if applicable) to:  
**info@different-travel.com**  
 or post to **The Different Travel Company, 4 Downs Park Crescent, Totton, Southampton, Hampshire, SO40 9GH**

Please complete all sections of the form below in **BLOCK CAPITALS**

### Your Details (please complete your name exactly as it appears on the passport you will travel with)

Title (Mr, Mrs Miss, Ms, Dr): \_\_\_\_\_

First name: \_\_\_\_\_

Prefer to be known as: \_\_\_\_\_

Middle names: \_\_\_\_\_

Surname: \_\_\_\_\_

Full address and postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Date of birth: (DD/MM/YYYY) \_\_\_\_\_

Marital status: \_\_\_\_\_

Gender: \_\_\_\_\_

Age at time of travel: \_\_\_\_\_

Do you have any dietary requirements or preferences (e.g. vegetarian/ allergies)? Yes  No

**If dietary requirements, please specify:**

**If allergies, do you carry an epi-pen?**

**Please note:** the names given here must be exactly the same as on the passport you will travel with. If you provide the incorrect details any name-change surcharges are payable by you.

### Your Passport Details (please attach a copy of your passport photo page)

Passport number: \_\_\_\_\_

Nationality on passport: \_\_\_\_\_

Date of passport issue: (DD/MM/YYYY) \_\_\_\_\_

Date of passport expiry: (DD/MM/YYYY) \_\_\_\_\_

I have enclosed a copy of my passport (REQUIRED): Yes  No

We recommend that your passport is valid for six months after the end of the event.

**NOTE:** If your passport details are changing before departure please indicate this here  and apply for your new documents as soon as possible.

### Your Next of Kin Details (someone **not** travelling with you that can be contacted in an emergency)

Next of kin full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Full address and postcode: \_\_\_\_\_

### Room Arrangements

Accommodation will be on a twin-share basis unless otherwise noted on the trip itinerary. Please state the name of anyone with whom you specifically wish to share.

If you are a couple and would like a double room if available, please tick this box

If you would like a single room (supplement approx. £295), if available, please tick this box

## Travel Insurance Details

Travel insurance is mandatory. You are recommended to purchase travel insurance at the time of booking as this may protect your non-refundable deposit in the event of unexpected cancellation prior to the challenge.

You are responsible for ensuring that **all** activities you undertake during the trip (including community projects, airlifting / helicopter evacuation, trekking etc.) are covered by your insurance policy. If you do not currently have a travel insurance policy please see page 5 for more information.

Travel insurance provider: \_\_\_\_\_

Travel insurance policy number: \_\_\_\_\_

Travel insurance 24hr emergency assistance telephone number\*: \_\_\_\_\_

\*The 24 hour emergency assistance telephone number is the number that would be called in the event of a medical emergency occurring while you are travelling, for example to arrange airlifting or hospital treatment. This number is NOT your next of kin contact details.

## The Deposit (non-refundable and separate from the tour cost balance)

1. I wish to pay the deposit of **£350** by bank transfer. Please send me details of how to pay this way.  (tick)
2. I enclose a cheque for the deposit of **£350** payable to **The Different Travel Company**.  (tick)
3. I wish to pay the deposit in instalments. Please contact me to arrange.  (tick)

## The Tour Cost Balance\*

I will make an interim payment of **£500** to The Different Travel Company by **16<sup>th</sup> July 2018**  (tick)

I will make the final payment of **£3000** to The Different Travel Company by **21<sup>st</sup> December 2018**  (tick)

\* In addition to your Tour Costs, the cost for the Bhutanese visa will be added to your final invoice. The current price is US\$40 but this may be subject to change.

## Your Challenge

Where did you hear about this challenge?

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What made you sign up for this challenge?

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Have you participated in any treks or challenges before? If yes, please specify.

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## Medical Declaration Form

It is for your own safety that we find out about your medical history to ensure that you can cope with the demands of the trip safely and without risk to your health. Your answers are treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any of these details change you must update us and your travel insurance company. If you tick yes to any of the conditions listed below or have any medical concerns that are not shown below, you are required to provide a doctor's signature to confirm your medical conditions are as stated.

**Please complete this form clearly in BLOCK CAPITALS**

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

Blood Group (if known) \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Trip name: Bhutan – Jomolhari Base Camp Trek

Trip Dates: 16<sup>th</sup> – 27<sup>th</sup> February 2019

Do you suffer from (now or in the past) any of the following? (if necessary, continue on a separate sheet)	Please provide <b>FULL</b> details <u>including</u> medication used, severity etc.
1) Raised <input type="checkbox"/> or low <input type="checkbox"/> blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2) Heart or circulatory disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3) Epilepsy/ seizures / convulsions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4) Psychiatric disorder(s) / depression? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5) Vertigo / balance disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6) Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) Diabetes? Which type? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8) Cerebral disease? (e.g. stroke/head injury) Yes <input type="checkbox"/> No <input type="checkbox"/>	
9) Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10) Asthma <input type="checkbox"/> / lung conditions <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11) Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12) Joint or back injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13) Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14) Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15) Fractures <input type="checkbox"/> , tendon/ligament/cartilage damage <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16) Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17) Are you pregnant now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18) Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19) Allergies (e.g. hayfever <input type="checkbox"/> , food <input type="checkbox"/> , drugs <input type="checkbox"/> etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20) Hospitalised /surgery in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21) Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22) Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23) Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24) Do you take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**The following section should be completed by your doctor/physician if you have answered 'YES' to any of the questions on the medical form above.**

The person named above will be participating in an organised trip of 12 days duration during which time he/she will be subject to a variety of living conditions and daily exertion. The itinerary will involve trekking for up to 8 hours per day for 8 days over rough terrain, carrying a rucksack between 4-6kg, and involving extremes of temperatures and climate. Participants will be camping, with food cooked over gas stoves or open fires. The event will be within 24 hours of hospital back up. With the above information and taking into consideration the medical history of the participant if there is any matter which you feel that The Different Travel Company Ltd should be aware, please supply details on a separate sheet. If you require any further details please contact The Different Travel Company Ltd on 0788 169 8623 or [info@different-travel.com](mailto:info@different-travel.com).

***I have read the above paragraph and agree that the participant's medical details are correct.***

Doctor's Signature: \_\_\_\_\_

Doctor's Name (Block Capitals Please): \_\_\_\_\_

Date: \_\_\_\_\_ Practice Address: \_\_\_\_\_

### Important – Please read carefully before signing

I confirm that all the information provided on this booking and medical form is to the best of my knowledge true and correct. My medical declaration is a true and accurate description of my medical history and current condition and I give permission for my GP, consultant or specialist to release information pertinent to the challenge to The Different Travel Company if required.

I understand that by giving false information I endanger both my own safety and that of others on the trip. I take responsibility for ensuring I have sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur. I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and endanger myself and other team members, and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

I agree to permit first aid trained personnel the opportunity to tend to an illness, injury or any other medical condition as far as their training permits until specialist care can be sought, if required. I agree to accept responsibility for any and all costs associated with any illness, injury or other medical condition that may happen to me during this trip.

Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions if required. I understand that this event requires a certain level of fitness and is physically testing and that if I am deemed to be unfit for the challenge I may be asked to leave the group.

I acknowledge that any dietary requirements, including food allergies, will be catered for to the best of The Different Travel Company's, and our local partners', ability however we cannot guarantee that food preparation will have taken place in a contamination free environment.

In the unlikely event of an accident, loss or damage to my personal effects, illness, injury or other untoward occurrence arising from any medical condition, I acknowledge that The Different Travel Company cannot accept any liability or expenses (other than to the extent that death or personal injury arises as a result of its negligence) and I waive all claims against The Different Travel Company in this respect.

I confirm that have read and accept the terms and conditions (available on <http://www.different-travel.com/faq.php#thetours>) and undertake to abide by the rules and conditions. I confirm that I will verify with my current /future insurance company that my policy (will) cover(s) everything involved in the challenge. I understand that The Different Travel Company cannot be held responsible for any loss arising from my failure to ensure I have adequate insurance cover for all activities involved. I understand that single and group photos may be taken of me during the challenge and I am happy for any photographs to be used for marketing and future publications.

**Signed**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

#### **Data Protection**

Please be assured that we have measures in place to protect the personal booking information held by us. Your data will be held by The Different Travel Company and passed onto the relevant suppliers of your travel arrangements in order to make your travel arrangements. The information may also be provided to public authorities such as Customs or Immigration if required by them, or as required by law, and may also be used for statistical purposes in the future. Your booking details may be shared with the charity you are fundraising for to provide you advice on fundraising specific to this trip. If we cannot pass this information to the suppliers necessary to make your travel arrangements, whether in the EEA or not, we will be unable to provide your booking. For our full privacy policy, please see <http://www.different-travel.com/privacy.php>

#### **Communication**

If you would like to receive marketing correspondence from The Different Travel Company, please tick here:   
 Your contact details will never be shared with third parties for marketing purposes.

#### **ATOL Protection**

This flight-inclusive holiday is financially protected by the ATOL scheme (ATOL 6706). When you pay you will be supplied with an ATOL Certificate. Please ask for it and check to ensure that everything you booked (flights, hotels and other services) is listed on it. Please see our booking conditions for further information or for more information about financial protection and the ATOL Certificate go to: [www.atol.org.uk/ATOLCertificate](http://www.atol.org.uk/ATOLCertificate)

**PARTICIPANT: THIS IS YOUR PAGE TO KEEP!****TRAVEL INSURANCE**

You are **required** to have travel insurance to participate in this trip. You should provide full details of your chosen travel insurance policy at the time of booking. We advise that travel insurance is purchased at the time of, or shortly after booking as depending on your policy, **this may protect your registration fee** in the event of cancellation as well as protecting you during the trip. Your insurance policy must include emergency evacuation, any project work or trekking undertaken.

**Campbell Irvine Direct** policies have been specifically designed to cover unique trips. They offer comprehensive travel insurance policies, 24-hour Worldwide Emergency Medical Service is supplied and you are automatically covered for activities such as manual work, trekking and extreme sports! For further details please visit <http://www.campbellirvinedirect.com/differenttravel>.

**FINANCES**

Your deposit of **£350** is non-refundable and non-transferable.

Your interim payment of **£500** must be paid in full to The Different Travel Company at least 7 months before departure (**16<sup>th</sup> July 2018**).

Your final balance payment of **£3,000\*** must be paid in full to The Different Travel Company at least 8 weeks before departure (**21<sup>st</sup> December 2018**).

*\*In addition to your above payment option, the cost for the Bhutanese visa will be added to your final invoice. The current price is US\$40 but this may be subject to change.*

**COMMUNICATION**

To meet their environmentally friendly aims of being paper-free, The Different Travel Company tries to keep all communication electronic (email and phone). **Please add @different-travel.com to your safe sender list to avoid missing important correspondence.** Your pre-tour information containing flight details and other information pertinent to the trip will be emailed **eight weeks before departure**. Flight e-tickets will be emailed to you **two weeks before departure**.

If any of your details change (e.g. passport details, mobile number, your health) or you have any questions about the trek, please contact The Different Travel Company on [info@different-travel.com](mailto:info@different-travel.com).

**We wish you a fantastic adventure!**  
*The Different Travel Company Team*