



BURRA TRAIL RIDES BOOKING FORM (one copy per rider required, photocopy this form if you require more and return to Burra Trail Rides)

DATE OF RIDE: _____ to _____

RIDER DETAILS:

TITLE: _____ SURNAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____

STATE: _____ POSTCODE: _____

PH: _____ FAX: _____ MOBILE: _____

EMAIL: _____

WEIGHT: _____ AGE: _____ HEIGHT: _____

DETAILS OF SPECIAL DIETARY NEEDS OR MEDICAL CONDITION: (Confidential)

PREVIOUS RIDING EXPERIENCE:

(Delete where not applicable)

BEGINNER / SOME EXPERIENCE: / EXPERIENCED:

BRIEF DESCRIPTION OF RIDING

EXPERIENCE: _____

ENCLOSED: DEPOSIT \$ _____ (30%)

FULL PAYMENT \$ _____

FOR _____ ADULTS
_____ CHILDREN FOR: _____ (type of ride)

BY: CHEQUE / MONEY ORDER / MASTERCARD / VISA / BANKCARD (delete where not applicable)

CREDIT CARD NUMBER:

 EXPIRY DATE: ____/____

CARDHOLDERS NAME: _____

SIGNATURE: _____

MAKE CHEQUES PAYABLE TO: BURRA TRAIL RIDES

(If paying by cheque, cheques must be received at least 10 days prior to your ride)

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO ENSURE CONFIRMATION OF YOUR RIDE TO;
FAX: (08) 8892 2898 OR POST: P O Box 120 BURRA SA 5417