



# Barking Mad Survival School

33 Silver Street, Godmanchester, Cambridgeshire, PE29 2HR  
Tel: 01480 384426 Email: [enquiries@barkingmadsurvival.co.uk](mailto:enquiries@barkingmadsurvival.co.uk)  
Web: [www.barkingmadsurvival.co.uk](http://www.barkingmadsurvival.co.uk)

## Course Booking Form

I / we wish to book \_\_\_\_\_ place(s) on the following course(s) [please tick relevant boxes]

- |                         |                          |          |                         |
|-------------------------|--------------------------|----------|-------------------------|
| Basic Survival Course   | <input type="checkbox"/> | on _____ | Cost £150.00 per person |
| 5 Day Survival Course   | <input type="checkbox"/> | on _____ | Cost £290.00 per person |
| Shelter Building Course | <input type="checkbox"/> | on _____ | Cost £140.00 per person |
| Trap Making Course      | <input type="checkbox"/> | on _____ | Cost £140.00 per person |
| Wayfarers Course        | <input type="checkbox"/> | on _____ | Cost £140.00 per person |
| Fungi Weekend           | <input type="checkbox"/> | on _____ | Cost £150.00 per person |
| Fungi Foray             | <input type="checkbox"/> | on _____ | Cost £35.00 per person  |

Course dates can be found on our web site at [www.barkingmadsurvival.co.uk](http://www.barkingmadsurvival.co.uk) or alternatively you may call us on 01480 384426 or email us at [enquiries@barkingmadsurvival.co.uk](mailto:enquiries@barkingmadsurvival.co.uk). Group discounts are available for 5 or more people, please contact us for details.

I / we have read and understood your Terms and Conditions [[www.barkingmadsurvival.co.uk/terms.html](http://www.barkingmadsurvival.co.uk/terms.html)] and agree to abide by these Terms and Conditions.

I / we enclose payment of £ \_\_\_\_\_ Please make cheques payable to "Barking Mad Survival School". Alternatively payments can be made on line using our payments page at [www.barkingmadsurvival.co.uk/payments.html](http://www.barkingmadsurvival.co.uk/payments.html)

Please complete the following information for all students: [photocopy if necessary]

Full Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

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

Email \_\_\_\_\_

Next of Kin \_\_\_\_\_ Contact No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Main Contact Name \_\_\_\_\_  
(if group booking)

Have you or any member of your group any medical conditions(s) that will endanger the health and / or safety of other course members or instructors? YES  NO

If YES then please provide details below [this information is confidential]

\_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_