

WHEELS IN WHEELS EVENTS LTD.

Booking form for camps. Please complete all areas:



First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date Of Birth:	<input type="text"/>
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Club (if applicable):	<input type="text"/>
E-mail Address:	<input type="text"/>		
Confirm E-mail:	<input type="text"/>		
Daytime Tel. Number:	<input type="text"/>	Mobile N° (On trip):	<input type="text"/>
Next of Kin:	<input type="text"/>	Next of Kin Contact N°:	<input type="text"/>
Room Ref. sharing:	<input checked="" type="radio"/> No <input type="radio"/> Twin-Yes. Name of sharer:	<input type="text"/>	Single Supplement: <input type="checkbox"/>

Flight details to Almeria / Murcia Covera Airport, arrival on SATURDAYS. (Other airports available with surcharges):

ARRIVAL - Date & Time:	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY at <input type="text"/> h h : <input type="text"/> m m	Airport:	.....	Flight N°:	.....
From Airport:	.....	Airline/Carrier:	.....	
DEPART - Date & Time:	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY at <input type="text"/> h h : <input type="text"/> m m	Airport:	.....	Flight N°:	.....
To Airport:	.....	Airline/Carrier:	.....	
Hiring own Car:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where from and what Company:	.....	

Health and Safety:

Any allergies, disabilities or food preferences:	.....	
Travel insurance for all risks, including medical (mandatory). Company name and address:	.....	
European Health Insurance Card (EHIC):	.....	<i>We recommend VELOSURE ABROAD for our ride weeks. See website for details.</i>	
Swimmer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please read training camp terms and conditions. Please accept:	<input type="checkbox"/> Yes

Ride Information (Please tick and complete):

Interest:	<input type="checkbox"/> Racing <input type="checkbox"/> Sportives <input type="checkbox"/> Touring Other:	Average weekly mileage:	.....
Ambitions for camp:	<input type="checkbox"/> Endurance miles <input type="checkbox"/> Casual Miles <input type="checkbox"/> Race Fitness		
Ride Nutrition (We supply Clifbar and NUUN drinks on daily rides):	.....	

Equipment Details:

Bring own Cycle:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hiring Cycle:	<input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please specify details:	WiW to arrange:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information needed:	.....	