

**PART 1****TURBULENCE NORWAY SNOWKITING INITIAL BOOKING FORM 2008**

Please complete, sign and return the first section (2 pages) to Turbulence with your deposit as soon as possible. The final part can then be filled and returned with your final payment.

**CONFIDENTIAL - Please complete all relevant boxes**

First Names:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>	Tel (Home):	<input type="text"/>
		Tel (Mobile):	<input type="text"/>
Email:	<input type="text"/>	Preferred contact No:	<input type="text"/>
Occupation:	<input type="text"/>	Flexi name:	<input type="text"/>
		Known name:	<input type="text"/>
D.O.B.:	<input type="text"/>	Weight:	<input type="text"/>
		Height:	<input type="text"/>
		Nationality:	<input type="text"/>

**DATES**

Please state your preferred holiday dates:

April 5th - April 18th 2008	<input type="text"/>	£550:00	April 19th - May 2nd 2008	<input type="text"/>	£550:00
April 5th - May 2nd 2008	<input type="text"/>	£800:00			

Are you able to swap holidays within good notice?

Do you require any alternative dates or travel plans?

**ACCOMMODATION**

Please state your preferred accommodation to help us match like-minded people together.

Late nights and late mornings.	<input type="text"/>	Early nights and early mornings.	<input type="text"/>
Not bothered.	<input type="text"/>		

Also please let us know if you wish to be kept together with anyone/group.

**FOOD OPTIONS**

Breakfast, lunch packet and a 2-course dinner for £25 per person, per day optional extra

Interested, please send info

Yes, please send info

If self-catering, are you interested in pooling food together with roommates?

**DEPARTURE LOCATION**

In order to help us with some advanced transport logistics; where do you plan to start your journey?

Where is a convenient location for you to meet others?

**VEHICLE DETAILS - Please complete if you wish to take a vehicle (we will be in touch).**

Make:	<input type="text"/>	Model:	<input type="text"/>	Registration Number:	<input type="text"/>
Height:	<input type="text"/>	Length:	<input type="text"/>	Total number of seats:	<input type="text"/>
Any people booked for the vehicle:	<input type="text"/>				

**PART 1****POWERKITING ABILITIES - Please complete all relevant boxes to give us an idea of your kiting skills and abilities.**

I consider myself to be a: Complete Beginner  Beginner

Novice  Intermediate  Advanced

How many times have you flown in the past 12 months?

None  1 - 12  12 - 40  40 +

What do you believe your capabilities with a kite to be?

Static:	Set-up/Safety <input type="checkbox"/>	Window <input type="checkbox"/>	Scudding <input type="checkbox"/>	Jumping <input type="checkbox"/>
Landboard:	Go/Stop <input type="checkbox"/>	Sliding <input type="checkbox"/>	Speed <input type="checkbox"/>	Tricks <input type="checkbox"/>
Buggy:	Go/Stop <input type="checkbox"/>	Sliding <input type="checkbox"/>	Speed <input type="checkbox"/>	Tricks <input type="checkbox"/>
Kitesurf:	Water start <input type="checkbox"/>	Turning <input type="checkbox"/>	Jumping <input type="checkbox"/>	Tricks <input type="checkbox"/>

Previous snowkiting experience: YES/NO

If YES, please describe:

Have you attended any previous Turbulence holidays or events?  Norway

If YES, please describe:

### MEDICAL INFORMATION

Have you ever suffered serious injury or discomfort whilst flying kites? Yes/No:

If YES, please describe:

Please detail any disability or medical conditions that may affect your ability in the cold or to snowkite or which Turbulence should be aware of in case of an emergency (e.g. back or knee problems, diabetes, asthma, pregnancy, etc.)

### PAYMENT METHODS

Deposits need to be received up to 8 weeks before departure with the balance being due 4 weeks before departure. Please post cheques payable to 'Turbulence' or bring cash/cheques into the shop.

### LEGAL

I confirm that to the best of my knowledge all the above details are correct.

I have read and understand the booking conditions

**DATA PROTECTION ACT 1998:** Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may be also made available to Insurers and other parties in the event of any injury or incident.

Signature:

Print Name:

Date:

Deposit enclosed: £

### QUESTIONS - COMMENTS - SUGGESTIONS

Anything you wish to ask or comment?

**TURBULENCE 148 Conwy Road, Llandudno Junction, Conwy LL31 9DU 08456 589656**

**PART 2 TURBULENCE NORWAY SNOWKITING FINAL BOOKING FORM 2008**

Please complete and return to Turbulence with your final payment due 4 weeks before departure.

**CONFIDENTIAL - Please complete all relevant boxes**

First Names:

Surname:

Address:

Tel (Home):

	Tel (Mobile):	
Email:		Flexi name:
Passport No:		

**MEDICAL INFORMATION - Please confirm original medical info and include any changes since booking.**

Have you ever suffered serious injury or discomfort whilst flying kites? Yes/No:

If YES, please describe:

Please detail any disability or medical conditions that may affect your ability in the cold or to snowkite or which Turbulence should be aware of in case of an emergency (e.g. back or knee problems, diabetes, asthma, pregnancy, etc.)

**Insurance**

You are fully responsible that you have adequate insurance cover for you and third parties during the trip. Please give details of your policies below.

**Travel Insurance**

Insurance provider:		Emergency number:	
Policy no:		Expiry Date:	

**Kitesports Insurance**

Insurance provider:		Emergency number:	
Policy no:		Expiry Date:	

**EMERGENCY CONTACTS - Please list in order of preference**

Name:	<input type="text"/>	1st Tel:	<input type="text"/>	Relationship:	<input type="text"/>
		2nd Tel:	<input type="text"/>		
Name:	<input type="text"/>	1st Tel:	<input type="text"/>	Relationship:	<input type="text"/>
		2nd Tel:	<input type="text"/>		

**LEGAL**

I confirm that to the best of my knowledge all the above details are correct.  
I have read and understand the booking conditions

**DATA PROTECTION ACT 1998:** Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may be also made available to Insurers and other parties in the event of any injury or incident.

Signature:	<input type="text"/>	Print Name:	<input type="text"/>
Date:	<input type="text"/>		

**QUESTIONS - COMMENTS - SUGGESTIONS**

Anything you wish to ask or comment?

**TURBULENCE 148 Conwy Road, Llandudno Junction, Conwy LL31 9DU 08456 589656**