

# 2011 New England Hiking Holidays Reservation Form

## GUEST

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Evening phone \_\_\_\_\_ Cell \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

### (Name and address of each person in your party)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Evening phone \_\_\_\_\_ Cell \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

## TRIP REQUESTED

Trip Name & Date: \_\_\_\_\_

Second Choice: \_\_\_\_\_

## ACCOMMODATIONS

We are traveling together and would like:

\_\_\_\_\_ One Room with one bed

\_\_\_\_\_ Shared room with two beds

\_\_\_\_\_ Single room **supplement applies** (please call for availability)

## ARRIVAL INFORMATION

\_\_\_\_\_ Yes, I will need transportation from:

\_\_\_\_\_ Airport \_\_\_\_\_ Bus Train

\_\_\_\_\_ No, I will meet you at the first inn

## OTHER INFORMATION

May we use photographs taken on the trip

in which you may be present? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any prior hiking experience? Please describe:

\_\_\_\_\_

Are you currently on an exercise regimen? Please describe:

\_\_\_\_\_

Are you a smoker? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please tell us where you heard about us?

Have you hiked with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so where?

\_\_\_\_\_

\_\_\_\_\_

## DEPOSIT

Weekend trips: \$300 x's \_\_\_\_\_ = Total \$ \_\_\_\_\_

Domestic trips: \$500 x's \_\_\_\_\_ = Total \$ \_\_\_\_\_

European trips: \$1000 x's \_\_\_\_\_ = Total \$ \_\_\_\_\_

## PAYMENT

Check enclosed: ck# \_\_\_\_\_ \$ \_\_\_\_\_

(Visa, M/C, Amex, Discover)

Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_

Please print your name & address as it appears on the card:

\_\_\_\_\_

\_\_\_\_\_

Balance of your trip is due 60 days prior to departure date.

Automatically bill my credit card when the balance is due:

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your trip is booked within 60 days of departure date,  
final payment is due at that time.

**DIET & HEALTH**

Dietary request, restrictions or allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any pertinent health concerns: \_\_\_\_\_

\_\_\_\_\_

Please list any medications you are on: \_\_\_\_\_

\_\_\_\_\_

Please list emergency contact name: \_\_\_\_\_

\_\_\_\_\_

**Mail To:**

New England Hiking Holidays  
P.O. Box 1648  
North Conway, NH 03860  
1 800 869 0949 or (603) 356-9696

**TRANSFERS**

You may transfer from one trip to another up to 60 days before trip departure without penalty, after which time our cancellation policy applies.

**CANCELLATION FEES**

Deposits will be refunded less a 10% cancellation fee provided that written cancellation is received at least 60 days before trip departure.

Signature: \_\_\_\_\_

**(Registration requires signature)**