

TWO EAGLEZ ADVENTURES – ABBOT PFANNER TRAPPIST TRAIL

Company Reg No: 2018/365040/07

REGISTRATION and INDEMNITY FORM

9-day Abbot Pfanner Trappist Trail from Reichenau Mission to Mariannahill Monastery 07 May 2023 to 15 May 2023

Cost of Guided Walk: R 11 500 sharing (Single supplement to be determined on availability of single rooms)

Included in the package is a small donation to the missions.

Please complete this registration form and email to us. *An invoice will be sent to you once your registration form has been processed.* abbotpfannertrappisttrails@gmail.com

If you would like to spend a night before the walk at Mariannahill, please contact the **Monastery Retreat House:**

Tel: 0317002155 or 0835441504 **E-mail:** monretreat@saol.com **Contact Person:** Br. Crispin Graham CMM

If you are applying for another person, please complete one form for each participant. (Limited to 10 people)

SURNAME					
FIRST NAME:					
GENDER:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
DATE OF BIRTH:					
POSTAL ADDRESS:					
EMAIL ADDRESS: [Please print]					
CELL PHONE:					
HOME TELEPHONE:					
WORK TELEPHONE:					
OCCUPATION:					
IDENTITY NUMBER:					

Although this trail is suitable for all ages, it is a fairly challenging walk, mainly because it is on cross country trails with no services in between overnight stops besides an occasional rural Tuck-Shop.

RATE YOUR HIKING FITNESS LEVEL:

Poor	<input type="checkbox"/>	Can't hike 20km per day or do hills.	Oh dear! Perhaps you are not ready for this particular trail?
Average	<input type="checkbox"/>	Can hike 20km day after day but not so good on hills	This is an undulating trail with up and downhill stages. You should be OK if you do some hill training
Good	<input type="checkbox"/>	Can hike 20km (12.4 miles) per day and am OK on hills	Great! You should be OK on this walk.
Above average	<input type="checkbox"/>	No problem hiking the APT Trail – bring it on!	Fabulous! You'll be just fine.

ROOM REQUIRED:

There are very few single rooms available in the places where we stay and we will have to give priority to the Group leader, Tour Guide and Trail Guide. At Myddelton Farm you might be sleeping in back-packers type accommodation with an option to upgrade to a private room at an extra cost. If you are travelling alone we can match you with a roommate of the same gender.

SINGLE	<input type="checkbox"/>	TWIN or DOUBLE	<input type="checkbox"/>	TRIPLE:	<input type="checkbox"/>
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Indemnity Form

Please read the Indemnity form carefully as by signing the indemnity form you give up your right to any claim against Two Eaglez Adventures and all persons and service providers assisting with the APTT walk.

I the undersigned hereby agree and declare that:

- My participation in the Two Eaglez Adventures APTT 9 day walk is entirely at my own risk. I am over 18 years of age and am sufficiently fit and competent to take part.
- I agree that the all persons and services assisting with the organization of the Two Eaglez Adventures APTT walk shall not be liable for injury, damage, loss or expense of any nature whatsoever and however arising, which I may suffer or incur arising from my participation, and I indemnify the organizing parties and hold them harmless in respect of any claim relating to such liability.
- I confirm that I have no serious physical or mental conditions that will adversely affect the group, and that I am physically fit and sufficiently capable to participate in Two Eaglez Adventures APTT 9-day walk.
- I have read the Booking Conditions and am acquainted with and bound by all rules governing my participation including my responsibilities as a member of this group.

PARTICIPANT'S NAME:	
PARTICIPANT'S SIGNATURE:	
DATE:	

MEDICAL DETAILS (Required in case of an emergency)

ARE YOU ON ANY MEDICATION?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					
DO YOU HAVE ANY ALLERGIES OR DIETARY NEEDS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					
DO YOU SUFFER FROM CHRONIC CONDITIONS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
If yes please specify details:					

EMERGENCY CONTACT DETAILS/NEXT OF KIN

SURNAME:	
FIRST NAME:	
RELATIONSHIP:	
HOME TELEPHONE:	
CELL PHONE:	
EMAIL ADDRESS:	