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<b>Departure Date</b>		<b>Arrival Date</b>	
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<b>Name</b>	
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<b>Address</b>		
Street:		Nº
Post Code.:	Town:	Country:
Mobile No.:	Home No:	
Fax :	Email :	
Name of person to contact in case of emergency		Relation to said person:
Mobile No:	Home No:	

<b>Paragliding</b>	
Licence No :	Country:
Date of issue:	Expiry Date:
Wing:	Model :
Underside Colour:	Topside Colour:

<b>Paragliding Experience</b> : <i>please indicate your level of paragliding experience as accurately as possible.</i>

<b>Personal</b>		
Date of Birth:	Blood Group:	If you are following medical treatment during your stay, suffer from any allergy or illness, please indicate here:

I the undersigned, acknowledge having read the terms and conditions relating to this paragliding holiday organized by FLYANDALUCIA and I accept these conditions fully and without reservation. I am also aware of the dangers of paragliding.  
Date :

Signature :