

Please complete one application form per person and return to:

**Hawick Walking Festival Group, Hawick Futures Office,
2 Kirkwynd, Hawick, TD9 0AL**

Name: Age if under 18:

Address:

.....

Home tel no: Mobile No:

Email:

In the event of an emergency on the hills, please supply an emergency contact:

Name: Tel No:

.....

Please inform us of any medical condition that you think we should know about in the event of an emergency involving yourself:

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.....

In which walks do you wish to take part?

Saturday: Walk No:

Sunday: Walk No:

Monday: Walk No:

How would you describe your walking experience: (Please tick one option)

Newcomer to walking A frequent walker on the flat

Occasional hill-walker(a few times a year) A frequent hill walker

Please find enclosed my cheque (made payable to '**Hawick Walking Festival Group**')
for £

Signed: