

Make My Reservation for Alpine Adventure Now!

I/we hereby apply for membership on an Alpine Adventure Trails Tours hiking trip.

I/we certify that to the best of my/our knowledge, I/we am in good state of health and suffering from no physical or mental conditions which might be detrimental to my/our or others safety, comfort and convenience during the tour. I/we have read and accept the conditions of the tour provided on Alpine Adventure Trails Tours website.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please confirm my/our reservations for ____ person(s) on the Guided Tour # _____

or select one of our other tour options: ____ Self-Guided Tour or ____ Hybrid Tour

On the following dates: _____ through _____.

Name (Mr., Mrs., Ms.) _____

Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ - _____

Email _____

I/we wish to be contacted by Alpine Adventure Trails Tours regarding air arrangements

Yes (____) No (____)

Accommodations requested:

(____) twin (sharing with _____)

(____) single (at a supplement cost)

Enclosed is a deposit of \$300 per person for the total of \$ _____.

Check (____) MasterCard (____) Visa (____) American Express (____) Discover (____)

Card Number _____ Expiration Date _____

Signature of Card Holder _____

Make check/money order payable and direct to: Alpine Adventure Trails Tours, Inc., 7495 Lower Thomaston Rd., Macon, GA 31220

Phone: 1-888-478-4004 Fax: 1-478-477-4117 Email: alpine@swisshiking.com

www.swisshiking.com