



# fish on fly

PTY. LIMITED A.B.N. 62 001 001 010



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## BOOKING FORM

PLEASE COMPLETE & SEND COMPLETED FORM AND YOUR 50% DEPOSIT TO FISH ON FLY P/L PO BOX 612 JINDABYNE NSW 2627

FULL NAME OF PERSON MAKING THE BOOKING.....

HOME ADDRESS.....

.....POST CODE.....

TELEPHONE (HOME).....WORK/MOBILE.....

EMAIL ADDRESS.....FAX NUMBER.....

JINDABYNE CONTACT ADDRESS & PHONE NUMBER.....

### SELECTED TOUR:

- RIVER, STREAMS AND STREAM CRAFT TOUR – WHAT IS YOUR SHOE SIZE .....
- BOAT TOUR – EVENING LAKE FISHING TOUR
- BOAT TOUR – MORNING FISHING TOUR
- BOAT TOUR – OPEN TOUR
- BOAT TOUR – LAKE SIGHT SEEING TOUR

DAY OF THE WEEK..... DATE .....

NUMBER OF PEOPLE IN THE GROUP .....STARTING TIME.....

WHERE DID YOU FIRST HEAR OF FISH ON FLY ? .....

DO YOU OR ANY OF THE PEOPLE TAKING THIS TOUR WITH YOU HAVE ANY MEDICAL CONDITIONS OR TAKE ANY MEDICATION THAT MAY IMPACT ON YOUR ABILITY TO COMPLETE THIS TOUR

I/WE THE UNDERSIGNED CONFIRM THAT WE HAVE READ THE PROCEEDING INFORMATION AND THE DISCLOSURE OF RISK FORM ON THE BACK OF THIS PAGE AND HEREBY INDEMNIFY FISH ON FLY P/L AND THEIR REPRESENTATIVE GUIDE/INSTRUCTOR AGAINST ALL COSTS, CLAIMS, DAMAGES, FEES OR AMOUNTS HOWEVER INCURRED IN RELATION TO ANY INJURY OR LOSS I/WE SUFFER ON THE TOUR OR AS A RESULT OF THE TOUR WHETHER THROUGH THE NEGLIGENCE OF ANY PERSON OR ANY CAUSE.

FULL NAME.....ADDRESS.....

.....POST CODE.....SIGNATURE.....

RECREATIONAL FISHING LICENCE NUMBER .....EXPIRY DATE.....

FULL NAME.....ADDRESS.....

.....POST CODE.....SIGNATURE.....

RECREATIONAL FISHING LICENCE NUMBER .....EXPIRY DATE.....

FULL NAME.....ADDRESS.....

.....POST CODE.....SIGNATURE.....

RECREATIONAL FISHING LICENCE NUMBER .....EXPIRY DATE.....

DATED.....