



**Mountain Safety Northland**  
**Course Application**

Title of Course .....

Course Date.....

Name.....

Address.....

Age (if under 18) ..... Male/Female.....

Phone (Home)..... Phone (Bus).....

Email..... Cellphone.....

Emergency Contact..... Phone.....

Medical: Do you have any medical, physical or other condition that we should know about for your safety or the safety of others? Do you have medication for this?

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Do you have any special dietary, cultural or religious needs that we should know about?

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Course Fee \$.....

**Application forms & course fees need to be received at least 2 weeks prior to the course. Cancellations less than 2 weeks prior to the course will incur penalties. Non-refundable for a 'no-show'.)**

Please post to : Mountain Safety Northland.

PO Box 898

Whangarei

Enquiries to : Pauline Dainty

Phone : (09) 436 3132

Email : [northland@mountainsafety.org.nz](mailto:northland@mountainsafety.org.nz)

**\*\*\*Please attach a brief summary of your outdoor experience (if any) relevant to this course.\*\*\***