

SOCCERCAMP BARCELONA – 2010

Please answer all questions in block capitals.
Fax or email back to Socccercamp Barcelona.

info@socccercm.com OR +44 (0) 8708 555 472

Child(ren) Details	
Surname:	
First name:	
Date of birth / age:/...../.....
Nationality:	
Contact Details	
Name of parent/guardian:	
Home address:	
Spain address:	
Tel: (home) (mobile):	
Email:	
Booking Details	
Socccercamp dates:	10 to 17 April 2010:
	17 to 24 April 2010:
Where did you hear about us?	
Special requests:	
Medical Details	
Medical details:	
Previous illnesses:	
Date of last tetanus:	
Dietary requirements:	

I enclosed on behalf of those named above full payment. The booking and medical conditions have been read and understood and are accepted. I am duly authorised to make this agreement, I am over 18 years of age and all the information I have given is correct

Payment enc: £ or €	Name (block caps):
Signature:	Date:

- **IF PAYING BY CREDIT CARD PLEASE USE OUT PAYPAL FACILITY**

PLEASE NOTE: it is the parents/guardians responsibility to ensure that all information contained in this form is correct and upto date. Please advise us of any changes or amendments