

RESIDENTIAL CAMP BOOKING FORM – 2008

PLEASE ANSWER QUESTIONS IN BLOCK CAPITAL LETTERS, ONE FORM PER CHILD.
(FAX OR MAIL BACK TO SOCCERCAMP MARBELLA)

Childs Details	
Surname:	
First name:	
Date of birth / age: /	
Nationality / passport: /	
Contact Details	
Name of parent / guardian:	
Tel. contact for parent / guardian:	
Home address:	
Tel:	
Mob:	
Email:	
Address/location at time of booking :	
Tel:	
Mob:	
Email:	
Booking Details	
Dates for Residential camp:	Date:
	Duration:
Where did you here about us?	
Any special requests?	
Foreign Languages	
Native language:	
Foreign languages spoken:	
Medical Details	
Details of any medication:	
Previous illnesses:	Please tick: <input type="checkbox"/> Chicken pox <input type="checkbox"/> Mumps <input type="checkbox"/> Measles
Date of last tetanus:	
Does child have medical condition?	If yes please specify:
Does child have dietary requirements?	If yes please specify:
Debit / Credit Card Details	
I wish to pay: £/€ By debit / credit (please circle) <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Switch <input type="checkbox"/> Solo	
Card number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Card number start date:	
Card number expiry date:	Issue number:
Card holder signature:	Date:
Deposit Remittance and Declaration	
I enclose on behalf of those named above a minimum deposit of 50% per booking or full payment when within 62 days of booking. 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. I confirm that the medical information that I have given is correct	
Total cost: £/€	Name (block capitals):
Deposit / full balance: £/€	Signature:
Total enclosed: £/€	Date:

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