

## SOCCERCAMP MARBELLA – 2010

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

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

<b>Child(ren) Details</b>	
Surname:	
First name:	
Date of birth / age:	...../...../..... .....
Nationality:	
<b>Contact Details</b>	
Name of parent/guardian:	
Home address:	
Spain address:	
Tel: (home) (mobile):	
Email:	
<b>Booking Details</b>	
Socccercamp dates:	<b>Date 1:</b> <span style="float: right;"><b>Date 2:</b></span>
	<b>Date 3:</b> <span style="float: right;"><b>Date 4:</b></span>
	<b>Date 5:</b> <span style="float: right;"><b>Date 6:</b></span>
	<b>Other dates:</b>
Where did you hear about us?	
Special requests:	
<b>Medical Details</b>	
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

<b>Payment enc: £ or €</b>	<b>Name (block caps):</b>
<b>Signature:</b>	<b>Date:</b>

- **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