



SUMMER CAMPS BOOKING FORM

FULL NAME of CHILD ATTENDING THE CAMP (M/F)

ADDRESS of LEGAL GUARDIAN (including postcode)

TELEPHONE OF LEGAL GUARDIAN (Home and Mobile if appropriate)

EMAIL ADDRESS OF LEGAL GUARDIAN

DATE OF BIRTH (child must be between 12-16 years (inc) on 31.08.09)

BOOKING REQUIREMENTS

Week Attending on _____ DATE, _____ MONTH, _____ YEAR

ANY DIETARY REQUIREMENTS

ANY MEDICAL ISSUES

WHAT IS YOUR MAIN REASON FOR THE CHILD ATTENDING THE CAMP? PLEASE LIST SPORTING ABILITIES.

WHERE DID YOU HEAR ABOUT SUPER SCHOOLS SUMMER CAMPS?

ONCE YOU HAVE FILLED IN THE DETAILS, PLEASE EMAIL TO pip.watkins@superschools.co.uk. WE WILL CONTACT YOU TO ARRANGE PAYMENT. WE REQUIRE 50% OF THE BOOKING UP FRONT AND FULL PAYMENT 7 DAYS BEFORE ARRIVAL. YOU CAN PAY BY CHEQUE, PLEASE MAKE THE CHEQUE PAYABLE TO 'CLOVER MARKETING LTD' AND SEND TO

BRIDGE HOUSE

LLANCARFAN

SOUTH GLAMORGAN

CF62 3AD

ALL BOOKINGS ARE SUBJECT TO AND IN ACCORDANCE WITH OUR TERMS AND CONDITIONS OF BUSINESS WHICH ARE ATTACHED AND/OR ARE AVAILABLE UPON REQUEST AND ARE, IN ANY EVENT, PUBLISHED ON OUR WEBSITE.



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