

# BOOKING FORM



Holiday Reference  
 at

Parent's/Guardian's Name (PLEASE PRINT)

Camper's First Name

Surname

Address

Post Code

Tel: (Inc STD code)

Daytime/Mobile Tel:

E-mail:

**(Please tick your present school year)**  
 P5 P6 P7 S1 S2 S3 S4 S5 S6

School

If Primary 7, indicate School to be attended next year.

Date of Birth

Male  Female

Special Requirements  
 Vegetarian  Health Issues  
 Allergies, Special Dietary Requirements

Please give brief details

Who would you like to share accommodation with?

Payment: I enclose -  
 £15 deposit   
 Full Payment

You may pay by:  
 Cheque  (Payable to Scripture Union)  
 Postal Order  (Crossed and payable to Scripture Union)  
 Cash  (Registered mail only)

Travel (please indicate)  
 1. Accompanied travel from

2. Own travel to site

Parental Consent

- I am in full agreement with this booking.
- I have read and understood the 'TERMS AND CONDITIONS'.
- In the event of a medical emergency I authorise Scripture Union to sign any required declaration on my behalf.

Signature of Parent or Guardian  
 Mr/ Mrs .....

My child is under 12 and I do not wish their photo to be used for Scripture Union publicity.

For Staff Use Only	Balance	<input type="text"/>
	Rec'd	<input type="text"/>
Deposit	Date	<input type="text"/>
Rec'd	Method	<input type="text"/>

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