

Passport to Leisure Booking Form

All information must be written clearly

Name: _____

Age when attending camp: _____

Address: _____

Date of Birth: _____

_____ Post Code _____

Email: _____

Mobile: _____

Emergency contact details:

Name: _____ Contact No. _____

Medical information: _____

School: _____ Name of one friend attending: _____

Please tick appropriate week(s):

WEEK 1 6th July - 10th July **WEEK 2** 13th July - 17th July **WEEK 3** 20th July - 24th July **WEEK 4** 27th July - 31st July **WEEK 5** 3rd August - 7th August

Please tick and enclose booking fee:

DEPOSIT FULL AMOUNT

Safeguarding:

All children aged 10 or under must be collected at the end of each day by their parent or responsible adult.

Name of person collecting _____ Parental signature _____

Children aged 11 and over require your permission to make their own way home at the end of each day.

Please sign here to give your consent: _____ Relationship to child: _____

Data Protection: Requires you to give your permission for photos of your child to be taken. These may be used in future advertising.

Please sign here to give your consent: _____ Print name: _____

Data Consent: I give my consent to Passport to Leisure storing my name and contact details for any future communication.

Please sign here: _____ Print name: _____