

Please complete and mail to
International Camp Suisse
15 Sunny View
Queensbury
West Yorkshire
BD13 2DA
United Kingdom



BOOKING FORM

CAMP SESSION *Please tick*

- SESSION 1 Saturday 17th July - Friday 30th July 2010
 SESSION 2 Saturday 31st July - Friday 13th August 2010
 ONE WEEK CAMP Friday 6th August - Friday 13th August 2010

CAMPER DETAILS

Family name _____ First name _____

Date of Birth / / Gender Male Female
dd mm yy

Nationality _____ First language spoken _____

Dietary requirements Yes No *If yes please give details* _____

MEDICAL CONDITIONS & ALLERGIES

Does your child have any known allergies? Yes No

Does your child have any medical conditions? Yes No

Does your child take any medication? Yes No

If yes please give details *(continue on a separate sheet if necessary)* _____

LANGUAGES & ABILITIES

Preferred languages course French German Spanish Italian English None

What is your child's ability level with the language chosen above?

Complete beginner beginner/intermediate intermediate/advanced very advanced

Is your child able to swim unaided for a distance of 50m? Yes No

Please continue overleaf

PARENT / GUARDIAN DETAILS

Family name _____ First name _____

Home address _____

Town/city _____ Region/state _____

Country _____ Post code _____

Telephone (Home) _____ (Work) _____ (Mobile) _____

Email address _____

PAYMENT - Non-refundable deposit of *(please tick as appropriate)*

TWO WEEK SESSION £500.00 €750 1000 CHF
ONE WEEK SESSION £300.00 €350 500 CHF

I enclose a cheque I wish to make a bank transfer - Sender to pay bank fees (please email us for bank account details)

I understand the final balance is due by 31 May in the year of the camp session I wish my child to partake in. For applications received after this date, the balance is due immediately. I understand that camp places are limited and enrolment is on a first come, first served basis. I will be notified as soon as possible if my enrolment has not been accepted and my deposit will be refunded in full. I authorise International Camp Suisse to administer medical treatment to my child in the event of an emergency. I have carefully read the booking terms and conditions and agree to be bound by the terms therein.

SIGNATURE

Date / / Signature _____ Full name _____
 dd mm yy

OFFICE USE: _____

