

BOOKING FORM



Terms & Conditions

Please book upto two days before the camp start date. Active Soccer take no responsibility for damage to property or loss of possessions during a birthday party/event.

CHILDS DETAILS

FIRST NAME

SURNAME

GENDER MALE FEMALE

DATE OF BIRTH

NAME OF SCHOOL ATTENDED

DOES THE CHILD SUFFER FROM ANY ILLNESS OR LEARNING/PHYSICAL DISABILITIES THAT SHOULD BE BROUGHT TO OUR ATTENTION?

PARENTS/GUARDIANS DETAILS

TITLE MR MRS MISS MS

FIRST NAME

SURNAME

ADDRESS

POST CODE

TELEPHONE

MOBILE

If your email address is supplied, we will confirm your booking using this method

EMAIL

To comply with the Data Protection Act, we must have your permission to use your email address for marketing purposes. Therefore, if you would rather receive information about our courses via the post, then please tick this box

COURSE DETAILS

DATE

VENUE

TOTAL COST

Please make cheques payable to Active Soccer Swindon with your home address and cheque guarantee card number on the reverse and send to

Active Soccer Swindon
39 Cloverlands
Swindon
Wiltshire
SN25 1RW

If you require postal confirmation and/or receipt, please send a stamped addressed envelope

Declaration by parent or guardian: I wish for my son/daughter to be accepted on the above course, and I agree to the terms and conditions above and confirm that any medical condition which may affect my child's participation on the course has been fully disclosed above.

Health and safety/child protection: I also give permission for Active Soccer to take and use photographs of my child for future Active Soccer publications and publicity, administer first aid if necessary, and to transfer my child to hospital should an emergency arise

NAME

SIGNATURE

DATE