

PLEASE FAXBACK OR EMAIL:
**Call the office first on
01869 352000 to fax**

Email : booking@campenergy.com



Camp Energy, The Old Forge Offices,
North Green, Kirklington, Oxfordshire.
OX5 3JS. Tel: 01869 352000



Parent/Guardian Details

Parent/Guardian	Title <input type="checkbox"/>	First Name <input type="text"/>	Surname <input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Tel (Home)	<input type="text"/>	Tel (Work)	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Additional Contact (if above unavailable) Name	<input type="text"/>	Tel	<input type="text"/>

Child Details

Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	First Name <input type="text"/>	Surname <input type="text"/>
Address (if different from above)	<input type="text"/>			
Main Language Spoken	<input type="text"/>		Nationality	<input type="text"/>
Age <input type="text"/>	Date of Birth	/ /	School	<input type="text"/>
Chosen Dates for Camp	<input type="text"/>			
Half Days	AM 8.00am - 12.30pm <input type="checkbox"/>	PM 12.30 - 5.00pm	<input type="checkbox"/>	
Medical Conditions	<input type="text"/>			
Doctor's Name	<input type="text"/>	Doctor's Tel	<input type="text"/>	
Accept medical attention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medications Required	<input type="text"/>
Swimming ability (please tick):	Non Swimmer <input type="checkbox"/>	Need Armbands <input type="checkbox"/>	Up to 25m <input type="checkbox"/>	Over 25m <input type="checkbox"/>
Password for child collection	<input type="text"/>			
Special needs/requirements	<input type="text"/>			

FOR ADDITIONAL CHILDREN PLEASE PRINT PAGE 2 OF THE PDF DOWNLOAD

Please tick if you are a parent working in ORH group hospitals or booking two or more siblings, as discounts may be applicable

Please tick if you are a new customer? If yes, how did you hear about Camp Energy?

Do you have a friend who would like information about Camp Energy? If so, please enter their details here or visit www.campenergy.com

Name Tel Address

Office Use Only

Payment	Cash	Cheque	Debit/Credit Card	
Confirmed	Date	Staff	Booking ref	Notes

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Confirm Parent/Guardian Details

Parent/Guardian Title First Name Surname
Email

Additional Child Details

Sex M F First Name Surname
Address (if different from parent/guardian)
Main Language Spoken Nationality
Age Date of Birth / / School
Chosen Dates for Camp
Half Days AM 8.00am - 12.30pm PM 12.30 - 5.00pm
Medical Conditions
Doctor's Name Doctor's Tel
Accept medical attention Yes No Medications Required
Swimming Ability (please tick): Non Swimmer Need Armbands Up to 25m Over 25m
Password for Child Collection
Special Needs/Requirements

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Payment	Cash	Cheque	Debit/Credit Card	
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