# Booking Form

**PLEASE FAXBACK TO: 01865 339 301**

or, post to Camp Energy, Prama House, 267, Banbury Road, Summertown, Oxford, OX2 7HT.
Tel: 01865 339 339

Parent / Guardian

Title ..... First Name ..... Surname .....

Address ..... Postcode .....

Tel (home) ..... Tel (work) ..... Mobile .....

Email .....

**Please complete all details for each child attending**

| | Child 1 M / F | Child 2 M / F | Child 3 M / F |
|---|---|---|---|
| First Name | | | |
| Surname | | | |
| Age & D.O.B. | / | / | / |
| Medical Conditions | | | |
| School | | | |
| Chosen Dates for Camp | | | |
| | | | |
| Half days AM 8am - 12-30pm | | | |
| PM 12.30pm - 5pm | | | |
| Doctor's name | | | |
| Surgery tel. no. | | | |
| Medications | | | |
| Can your child swim 25 metres Yes / No | | | |

Discounts may be applicable to those working in ORH group hospitals and O/U/P ☐ please tick

## Payment Methods

Cheque: All cheques should be made payable to **CAMP ENERGY**
Credit / Debit Card: Please charge my credit card ☐ debit card ☐ (tick as appropriate)

☐ Visa ☐ Delta ☐ Mastercard ☐ Eurocard ☐ Switch ☐

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Card Security Code (CSC) ☐☐☐

Switch Issue No. ☐ Expiry Date ☐☐/☐☐ Valid from ☐☐/☐☐

Name on Card .....

Are you a new customer? ..... If yes, how did you hear about Camp Energy? .....
Do you have a friend who would like to receive a brochure? If so, please enter their details below or visit www.campenergy.com Name ..... Address .....

..... Telephone .....

**Office Use Only**

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