

BOOKING FORM

ONE BOOKING FORM PER FAMILY. FOR INFORMATION PLEASE CALL: **07957 263 647 / 07976 807 268**

PERSONAL DETAILS

(PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM)

TITLE:		EMAIL:	
SURNAME:			
FORENAME(S):			
ADDRESS:			
		POST CODE:	
TEL: (HOME)		MOBILE:	
RACIAL BACKGROUND/ORIGIN:			
MARITAL STATUS:		OCCUPATION:	

The people attending the R2R Family Camp 2019, beginning with myself are:

	TITLE	SURNAME	FORENAME	RELATIONSHIP	M/F	AGE	COST (£)
1				ME			
2							
3							
4							
5							
6							
Cheques to be made payable to: 'R2R Family Camp Ltd'						Total	£

EMERGENCY CONTACTS

PLEASE GIVE THE NAMES OF TWO PERSONS WE MAY CONTACT IN CASE OF AN EMERGENCY:

NAME:		NAME:	
ADDRESS:		ADDRESS:	
EMAIL:		EMAIL:	
MOBILE:		MOBILE:	
RELATIONSHIP:		RELATIONSHIP:	

Please make payment into following Barclays Account – R2R Family Camp Ltd, Account No **40683078** Sort Code **20-53-04**. Please insert ref FC19 then Your Initials. Note that bookings are only considered final and complete, once full payment has been received and tickets issued.

Declaration

I, the undersigned acknowledge that the information I have provided on this form is correct to the best of my knowledge and further I agree to abide by the booking terms & conditions which I have read and understand to be binding. I also approve to be contacted for any future events. **Please Tick Box**

SIGNATURE:		DATE:	
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Please ensure completed forms are emailed to bookings@r2rfamilycamp.com

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ADDITIONAL INFORMATION

Please provide all medical conditions mental or physical; also include allergies and any other conditions and requirement, which you may consider important to disclose. Note that this information will only be provided to onsite GP's. Please also note that we cannot cater for any specific dietary requirements.

	NAME	TYPE	FULL DESCRIPTION
1		Disability	
		Illness/Condition	
		Allergy	
		Medication Taken	
2		Disability	
		Illness/Condition	
		Allergy	
		Medication Taken	
3		Disability	
		Illness/Condition	
		Allergy	
		Medication Taken	

Please choose which option is correct to describe the tent that you will be bringing with you. If you have been given special permission to drive please provide vehicle information, otherwise choose coach from drop down.

NO:	TENT/ACCOMODATION	TRAVEL ARRANGEMENT	CAR MODEL & REGISTRATION
1			

I would like to volunteer at future events and have following skills to offer or prefer to volunteer in a specific area. **Please Tick Box**

FULL NAME	MOBILE	EMAIL	SKILLS/AREA