# VILLAGE DAY CAMP Application form

| CLIENT # | INSC. REC'D |
|---|---|
| | CONF.SENT |
| | KIT SENT |

Please print clearly in CAPITALS

## SECTION 1: CHILD INFORMATION

| | Family Name | First Name | Sex | Birthdate DD/MM/YY | Age on 1 July |
|---|---|---|---|---|---|
| **1** | | | M ☐ F ☐ | | |
| **2** | | | M ☐ F ☐ | | |
| **3** | | | M ☐ F ☐ | | |
| **4** | | | M ☐ F ☐ | | |

| SECTION 2: BOOKING INFORMATION | | | | SECTION 3: OPTIONAL EXTRAS | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Session Code** | **Session Code** | **Session Code** | **Cancellation Insurance** | **Accident Insurance** | **Evening Prolongation** | **Extra T-Shirt** | **Cap** |
| **1** | | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| **2** | | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| **3** | | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| **4** | | | | ☐ | ☐ | ☐ | ☐ | ☐ |

We recommend all families subscribe to our **Cancellation Insurance** (see Parent Guide). Village Camps' **Accident Insurance** is mandatory if children are not otherwise covered. Please note your policy details below.

Accident Insurance Company Policy No.

## SECTION 4: PARENT OR GUARDIAN INFORMATION

Mr ☐ Mrs ☐ Miss ☐ First Name Family Name

Address

Post Code City Country

Tel Fax E-mail

Day-time Contact Tel Fax

Mobile

Company Tel Fax

## SECTION 5: BUS TRANSPORTATION INFORMATION

If you would like to take advantage of the Village Camps transportation service, please indicate for each child which bus stop you wish to use (see Parent Guide for details)

| CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
|---|---|---|---|
| AM ☐ PM ☐ | AM ☐ PM ☐ | AM ☐ PM ☐ | AM ☐ PM ☐ |

## SECTION 6: PAYMENT INFORMATION

**All bookings must be accompanied by full payment for fees and optional extras**

☐ Cheque enclosed ☐ Payment made to postal account ☐ Bank transfer made ☐ VISA MasterCard

We **do not** accept American Express or Diners Club cards

I authorise Village Camps to debit my card the following amount: **CHF** **3 digit code** (last 3 digits on reverse of card)

**Visa cardholder's number** **Expiry date**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐

**CARDHOLDER'S NAME** **CARDHOLDER'S SIGNATURE**

## SECTION 7: DECLARATION

I have carefully read the Village Day Camps brochure, as well as the general booking conditions and agree to all the conditions stated therein

Signature Date/Place

**Village Camps, 14 Rue de la Morâche, CH-1260 NYON, Switzerland • Tel: +41 22 990 9400 • Fax: +41 22 990 9494**
**During Camp Tel: +41 22 776 3333 • Fax: +41 22 776 3346**
**email: daycamp@villagecamps.com • internet: www.villagecamps.com**