

VILLAGE DAY CAMP Application form

Please print clearly in CAPITALS

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

SECTION 1: CHILD INFORMATION

	Family Name	First Name	Sex	Birthdate DD/MM/YY	Age on 1 July
1			M <input type="checkbox"/> F <input type="checkbox"/>		
2			M <input type="checkbox"/> F <input type="checkbox"/>		
3			M <input type="checkbox"/> F <input type="checkbox"/>		
4			M <input type="checkbox"/> F <input type="checkbox"/>		

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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 AM PM
CHILD 2 AM PM
CHILD 3 AM PM
CHILD 4 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



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 _____