

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact number: \_\_\_\_\_ Additional contact number: \_\_\_\_\_  
 Medical conditions (if any): \_\_\_\_\_

**Please tick your camp preference:**

Starfish (5-7yrs)     Sharks (7-10 yrs)     Trailblazers (11-13 yrs)   
 Adventurers (13-17 yrs)

**Camp Date/s you would like to book:**

Wk 1: 28<sup>th</sup> June-2<sup>nd</sup> July     Wk 2: 5<sup>th</sup>-9<sup>th</sup> July     Wk 3: 12<sup>th</sup>-16<sup>th</sup> July   
 Wk 4: 19<sup>th</sup>-23<sup>th</sup> July     Wk 5: 26<sup>th</sup>-30<sup>th</sup> July     Wk 6: 2<sup>nd</sup>-6<sup>th</sup> August   
 Wk 7: 9<sup>th</sup>-13<sup>th</sup> August     Wk 8: 16<sup>th</sup>-20<sup>th</sup> August     Wk 9: 23<sup>th</sup>-27<sup>th</sup> August

**PLEASE ENCLOSE A NON REFUNDABLE DEPOSIT OF €100**

**Booking Conditions**

1. A non refundable deposit must be paid on booking, with the balance payable no less than 2 weeks before arrival at the centre
2. If D.E.A.C. is unable to place you on a suitable course then the deposit will be returned.
3. Participants with any medical conditions, illness, injury or any medication must provide evidence that they are suitable to take part in activities. **A medical certificate is required for this purpose.**
4. **Persons partaking in water activities must be water confident.** If unsure, please contact the centre to discuss suitability.
5. Persons must be generally physically fit to take part in all activities
6. Persons must be willing to comply with all safety regulations and carry out instructions as requested by the staff at the centre.
7. D.E.A.C. reserves the right to cancel or alter any programme as it deems necessary. In the event of cancellation an alternative programme or date can be arranged.

**I HAVE READ AND UNDERSTOOD AND AGREE TO ALL OF THE ABOVE CONDITIONS.**

**SIGNED:** \_\_\_\_\_ (Parent or Guardian to sign)

<b>Credit card Booking-</b> Card Holder Name: _____ Card Number _____ / _____ Card Type: Visa <input type="checkbox"/> Master card <input type="checkbox"/> Amex <input type="checkbox"/> Laser <input type="checkbox"/> Expiry- / / . Security Code_ _ _ Amount to be deducted- € _____	<u><b>Subject to 2.5% booking fee</b></u> Holder's Address: _____ _____ _____ Signature- _____
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<b>How did you hear about the centre???</b> Previous visit <input type="checkbox"/> Radio <input type="checkbox"/> Paper <input type="checkbox"/> Friend <input type="checkbox"/> School tour <input type="checkbox"/> Exhibition <input type="checkbox"/> local business <input type="checkbox"/> (if so, which business; _____)
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<b>OFFICE USE ONLY:</b> DEPOSIT RECEIVED T    AMOUNT RECEIVED: _____    DATE RCVD :    /    /
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