

Name: _____ Age: _____

Address: _____

Contact number: _____ Additional contact number: _____

Email address: _____ D.O.B: _____

Medical conditions (if any): _____

(Which may affect participation)

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: 4th-8th July Wk 2: 11th-15th July Wk 3: 18th-22nd July

Wk 4: 25th-29th July Wk 5: 1st-5th August Wk 6: 8th-12th August

Wk 7: 15th-19th August Wk 8: 22nd-26th 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.
8. All participants under the age of 18 have received parental/guardian's consent to participate

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

SIGNED: _____ (Parent or Guardian to sign)

Credit card Booking-	<u>Subject to 2.5% booking fee</u>
Card Holder Name: _____	Holder's Address: _____
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- € _____	Signature- _____

How did you hear about the centre???	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; _____)	

OFFICE USE ONLY:
DEPOSIT RECEIVED <input type="checkbox"/> AMOUNT RECEIVED: _____ DATE RCVD : / /