



Somerset Christian Camps
Summer Camp 2017



Application Form
Use this form only for children of the same family

Please indicate your desired week of Camp:

Camp 1 (7th Aug – 11th Aug) OR **Camp 2** (14th Aug – 18th Aug)

Camper's Details:

Surname:

First names:

Date of birth

..... Male / Female

..... Male / Female

..... Male / Female

Postal Address:

.....

..... Post Code:

Phone:

E-mail Address:

NB: For most purposes, e-mail is by far our preferred method of contact. However, if you provide us with an e-mail address, please check that it is valid and working.

If your child has an ongoing medical or clinical condition, please give brief details below. If serious, *contact us before booking* to check that we are able to cater for their needs.

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Please note that we cannot accept responsibility for any incident arising from information withheld.

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Please tell us below if your child has any special dietary requirements (eg. vegetarian, vegan, dairy-free, gluten-free, nut allergies, other allergies, etc.)

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If you know at this stage other campers that your child would like to share with, please tell us below (maximum of 2 share requests per camper).
NB. you can let us know this information later.

1.

2.

How did you hear about Somerset Christian Camps?
Please give details (ie. names of referring friends or churches)

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Camp ends at about 7.30 p.m. on the Friday.

We ask that children *not* be collected before this time, as it is always disruptive and often upsetting when they miss out on the final activities and prize giving of their week of Camp.

I enclose a non-returnable deposit of £30.00 per camper, and agree to pay the balance by 30th June 2017.

Full name and title of parent / guardian:
(please print in BLOCK CAPITALS)

Signature of parent/ guardian:

NB: we are able to offer a limited number of sponsored places on Camp, available at a reduced cost. If you are interested (on your own behalf or on behalf of another applicant), please apply by e-mail or in writing to the address below, giving as much detail about the circumstances of your application as possible.

All cheques should be made payable to '**Somerset Christian Camps**'.

Please send completed forms to:
Dominic and Rebecca Heath-Coleman (Camp Bookings)
Hope Cottage, Church Street
Kingsbury Epsicopi
Martock, Somerset
TA12 6AU

Contact e-mail (preferred): **info@somersetcamps.org.uk**

Phone: 01935 824849