Booking Form

Adventure & Computer Holidays

ACH

Name of Child:

Age: Date of Birth: Which School do they attend:

Name of Parent/Guardian:

Address: Tel(Hm):

Tel(Wk):

Tel(Mob):

Email:

Date/Type of Holiday:

Activities: AM: PM:

If Horse Riding please specify child's Height: Weight::

Transport YES ❑ NO ❑ Pick up Point: Airport/Terminal:

How did you hear about us?

MEDICAL DETAILS - Does the child have any of the following:

Health conditions or allergies:

Behavioural or learning difficulties:

Special dietary requirements:

Does your child take regular prescribed medication?

Allergies to any medication:

Do you give us permission to put suntan cream on your child:

Name and Surgery name of Family Doctor:

Date of last tetanus injection:

COST & PAYMENT

Camp: Tick if we can take full balance from card when due: ❑

Transport: CREDIT CARD / DEBIT CARD (please delete)

Supplement 1: Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Supplement 2: Start Date: ☐☐☐☐ Expiry Date: ☐☐☐☐

Other: Name on card:

TOTAL: Security Code: ☐☐☐ Issue No: ☐☐

FOR OFFICE USE ONLY

Confirmation by: Email / Post Deposit paid? ☐☐ ☐☐ ☐☐ £ form: ❑

Sent? ☐☐ ☐☐ ☐☐ Balance due ☐☐ ☐☐ ☐☐ £ form: ❑

Please return to: Adventure & Computer Holidays Ltd
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