CALSHOT ACTIVITIES CENTRE INDIVIDUAL BOOKING FORM

COURSE (1st choice): DATE: COURSE NO:

COURSE (2nd choice): DATE: COURSE NO:

NAME (Mr, Mrs, Miss, Ms): AGE:

ADDRESS:

Post Code:

TELEPHONE (include code) Evening: Daytime:

Mobile: Email:

Do you require a residential place? YES/NO I would like to share a room with:

EXPERIENCE: Please indicate level of performance and list awards held:

Details of special diet required: YES/NO

Details of any physical disability: YES/NO

Do you have any medical condition of which we should be aware? Yes/No, please give details.

PERSON WITH PARENTAL RESPONSIBILITY FOR YOUNG PERSON, (if under 18 years) PLEASE COMPLETE THIS SECTION

Date of birth if under 18: Day/Month/Year / /

I give my permission for my son/daughter to participate in the above course and confirm that they can swim 50 metres in light clothing:

SIGNATURE OF PERSON WITH PARENTAL RESPONSIBILITY:

NB: A detailed medical questionnaire will be sent out for all U18s once a booking has been made.

Additional bed and breakfast accommodation . Dates required: @ £22 per night £

Course fee: £

Single room occupancy supplement: £10.00 per night (subject to availability) £

Cheques to be made payable to **HAMPSHIRE COUNTY COUNCIL.** Total £

Method of payment CHEQUE/MAESTRO/MASTERCARD/VISA (delete as appropriate)

Card holders address if different from above:

Postcode

Amount £ Card Holders Name:

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Maestro only Issue: ☐☐ Start Date: ☐☐☐☐ ☐☐☐☐ Security No: ☐☐☐

I understand that:

- Refunds due to cancellation will be in accordance with our booking conditions.
- It is my responsibility to arrange appropriate insurance against cancellation, personal accident and personal liability.
- I am declaring I can swim 50 metres in light clothing (all courses with water activity), and declare that I am physically fit to take part except for any medical conditions which I have detailed above.
- I accept all booking conditions by signing this form.
- Calshot Activities Centre can accept no responsibility for vehicles parked at the Centre.

Signature: Date:

Data Protection Act 1998. The above information will be used only to process the booking and for our mailing list. If you do not want future brochures, please tick here ☐ Occasionally, we take photos of participants for publicity, including for use on our own website. If you object, please tick here ☐

Please tick if you require any of the brochures overleaf: Education ☐ Corporate ☐ Summer ☐ Velodrome ☐

PLEASE RETURN TO: BOOKING OFFICE, CALSHOT ACTIVITIES CENTRE, CALSHOT SPIT, FAWLEY, SOUTHAMPTON SO45 1BR

OFFICE USE ONLY

£ Receipt Number (Deposit) £ Receipt Number (Balance)

Date entered on course list and joining instructions sent: