RTW Monson Easter Camp 2017 Booking Form

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| --- | --- |
| Name |  |
| Squad |  |
| Emergency Contact Details : 1 |  |
| Emergency Contact Details : 2 |  |
| Name and address of GP, and Phone Number |  |
| Camp Choice: Camp 1 – 10-12 April (Gold/Platinum only) |  |
|  Camp 2 – 12 AprilBronze – Platinum Squads |  |
| Medication including formulation, dosage, times to be given (please ensure all medicines sent with child) |  |
| Allergies |  |
| Injuries |  |
| Dietary Requirements |  |
| Any Information We Would Need to Support Your Child Whilst at Camp |  |
| Please State How You Plan to Pay | Cheque / BACS |

Please hand this to Simon Morley or Vicky Turton alongside £50 deposit to secure a place.

Or email this back to vickyturton@yahoo.co.uk and simonmorley27@hotmail.com