



# FAMILY CAMP 2018 – FOXLEASE

ONE BOOKING FORM PER FAMILY - FOR INFORMATION PLEASE CALL: 07957 263 647

(PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM)

<b>TITLE:</b>	<b>EMAIL:</b>		
<b>FORENAMES:</b>		<b>SURNAME:</b>	
<b>ADDRESS:</b>			
		<b>POST CODE:</b>	
<b>TEL: (HOME)</b>		<b>MOBILE:</b>	
<b>RACIAL BACKGROUND/ORIGIN:</b>			
<b>MARITAL STATUS:</b>		<b>OCCUPATION:</b>	

The people attending the Family Camp 2018, beginning with myself are:

	TITLE	FORENAME	SURNAME	RELATIONSHIP	M/F	AGE	COST (£)
1							
2							
3							
4							
5							
6							
<b>Cheques to be made payable to: 'R2R Family Camp Ltd'</b>						<b>Total</b>	<b>£</b>

Please provide contact details for all adults entered above:

	TITLE	FORENAME	SURNAME	MOBILE NO	EMAIL ADDRESS
1					
2					
3					
4					
5					

Please provide details of 2 people we may need to contact in-case of any emergency or delays:

<b>NAME1:</b>		<b>NAME2:</b>	
<b>ADDRESS:</b>		<b>ADDRESS:</b>	
<b>EMAIL:</b>		<b>EMAIL:</b>	
<b>MOBILE:</b>		<b>MOBILE:</b>	
<b>RELATIONSHIP:</b>		<b>RELATIONSHIP:</b>	

Please make payment into following Barclays Account – R2R Family Camp Ltd, Account No 40683078 Sort Code 20-53-04  
Please insert ref FC18 then your initials. Note that bookings are only considered final and complete, once full payment has been received and tickets issued.

**Declaration:**

I, the undersigned acknowledge that the information I have provided on this form is correct to the best of my knowledge and further I agree to abide by the booking terms & conditions which I have read and understand to be binding. I also approve to be contacted for any future events. **Please Tick Box**



SIGNATURE:

Date:

Please ensure completed forms are emailed to [bookings@r2rfamilycamp.com](mailto:bookings@r2rfamilycamp.com)



# ADDITIONAL INFORMATION

Please provide all medical conditions mental or physical; also include allergies and any other conditions and requirement, which you may consider important to disclose. Note that this information will only be provided to onsite GP's. Please also Note that we cannot cater for any specific dietary requirements.

	NAME	TYPE	FULL DESCRIPTION
1		Disability	
		Illness/Condition	
		Allergy	
		Medication Taken	
2		Disability	
		Illness/Condition	
		Allergy	
		Medication Taken	
3		Disability	
		Illness/Condition	
		Allergy	
		Medication Taken	

Please choose which option is correct to describe the tent that you will be bringing with you. If you have been given special permission to drive please provide vehicle information, otherwise choose coach from drop down option.

NO	TENT / ACCOMODATION	TRAVEL ARRANGEMENT	CAR MODEL & REGISTRATION

I would like to volunteer at future events and have following skills to offer or prefer to volunteer in a specific area.

FULL NAME	MOBILE	EMAIL	SKILLS/AREA

Please give any further information that you consider we may need to know or any suggestions.

Please email completed forms to [bookings@r2rfamilycamp.com](mailto:bookings@r2rfamilycamp.com)

if you have any further queries contact us on 07957 263 647 or [info@r2rfamilycamp.com](mailto:info@r2rfamilycamp.com)