

Camp Booking Form 2019

Please complete this form carefully as it will be returned to you if any information is incomplete, and this may delay your booking.

Camper details		
Name:	Gender: M / F	D.O.B. / /
Address:	Postcode:	
Church/Youth Group attended (if applicable):		
How did you hear about EMW camps?:		
Parent/Guardian Details		
Name:	Email:	
Confirmation of booking and all other correspondence will be sent to this email address		
Tel: (Before camp):		(During camp):

Medical Information. Please continue on the next page, or on a separate sheet if needed.	
Name/address of GP:	Medical Card Number:
Tel:	
Allergies/intolerances to:	Specific needs:
<u>Food:</u>	<u>Educational:</u>
	<u>Behavioural:</u>
<u>Medication:</u>	<u>Health needs:</u>
Regular medication (including asthma pump, insulin, etc.):	Anything else we should know? (e.g. travel sick, vegetarian, etc.)
Name of Medication:	
Dosage:	
Frequency:	
If any of the above information changes before camp, please let the office know , as we want to make camp run as smoothly as possible for everyone involved.	
Declaration: This information has been completed to the best of my knowledge. I authorise the camp leaders to act in my absence should urgent medical treatment be necessary.	
Signed (Parent/Guardian):	Date: / /

Camp Number (For Easter camp, please enter 'Easter')	1st Choice	2nd Choice	3rd Choice	Write the name of a friend of the same gender and age that you would like to share a dorm/tent with and we will do our best to fulfil this request:
	Gorseinon J47	Bridgend	Cardiff Gate	

Please tick here if you are happy for your details to be shared with other parents who you could lift share with, should we have to cancel a camp bus due to low numbers.

Parental Consent		Camper Declaration	
Delete any part of the sentences that you are unhappy with:		I agree to abide by the Camper Code of Conduct (see page 8 of brochure)	
* I am happy for my child to be given over-the-counter medication (e.g. paracetamol) should the need arise.		Camper's name:	
* I am happy for my child to be involved in properly supervised adventurous activities (e.g. gorge walking, archery, etc.)		_____	
* I am happy for camp officers and leaders to keep in touch with my child after camp via letter, email, messaging, or phone		Camper's signature:	
* I am happy for images/footage of my child to be used in EMW publicity material (e.g. this brochure)		_____	
Parent's/ Guardian's name:	Parent's/ Guardian's signature:		

Please now complete the payment information overleaf.

Deposit and Payment

Camper name: _____

Camper postcode: _____

EMW Camp Hoodies

If you would be interested in buying an EMW Camps hoodie, please tick the box and we'll send you an order form once they are available:

Camp:	Easter	Indoor	Outdoor	Church-Based	Sibling Discount (Summer camps only)
Price:	£70	£235	£150	£120	£10 per child <small>(Only one discount per child, even if attending two camps)</small>
Bursary (Please send proof with booking)	£20	£50	£30	£30	

Costs	Camp Cost	£
	Camp Bus	+£
	Donation* <small>To enable other children to attend camp this year. (Thank you!)</small>	+£
Discounts	Sibling discount (One £10 discount per child - not available for Easter camp)	-£
	Name(s) of sibling(s):	
	Bursary (see above)	-£
	Total to pay	£
	Deposit - Non refundable , please send with booking. <small>Camp deposit £30, bus deposit £5.</small>	-£
	Balance	£

Payment options:

Please tick if you would like to spread the camp cost by monthly direct debit. (NOT AVAILABLE FOR EASTER CAMP) Further information will be emailed to you. **Opt in by 1 April 2019**

I enclose a cheque made payable to 'EMW'

Please debit my credit/debit card (complete below)

Name on card: _____

Number on card: _____

Expiry date: _____

Security code: _____

Signature: _____

I would like you to take the camp balance amount from this card on the due date (below): **Yes / No**

Please note: Full payment is required by **4th March 2019** for Easter camp, and **28th May 2019** for summer camps, unless you are paying by direct debit.

*Charity Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation above and any donations I make in the future or have made in the past 4 years to the Evangelical Movement of Wales. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed: _____ Date: ____/____/____

Additional Information:

Please return both pages of this form, along with payment to:
EMW Camps, Waterton Cross Business Park, South Road, Bridgend, CF31 3UL