



# SUMMER CAMP BOOKING FORM 2011

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Contact No. \_\_\_\_\_

E mail: \_\_\_\_\_ Medical conditions (if any): \_\_\_\_\_

### Please tick your camp preference:

Young explorers (8- 12yrs)  Adventure Challenge (13 – 16yrs)

### Camp Date(s) you would like to book:

Wk 1 4<sup>th</sup> – 8<sup>th</sup> July      Wk 2 11<sup>th</sup> - 15<sup>th</sup> July      Wk 3 18<sup>th</sup> - 22<sup>nd</sup> July  
Wk 4 25<sup>nd</sup> – 29<sup>th</sup> July      Wk 5 1<sup>st</sup> – 5<sup>th</sup> Aug      Wk 6 8<sup>th</sup> - 12<sup>th</sup> Aug  
Wk 7 15<sup>th</sup> – 19<sup>th</sup> Aug      Wk 8 22<sup>nd</sup> Aug – 26<sup>th</sup>

**Please enclose non-refundable deposit of: €100**

Cheques must be made payable to Ardmore Adventures Ltd

### Booking Conditions

1. A non refundable deposit must be paid on booking, with the balance payable no less than 2 weeks before arrival at the centre
2. If Ardmore Adventures is unable to place you on a suitable course then the deposit will be returned.
3. Participants with any medical conditions, illness, injury or any medication must provide evidence that they are suitable to take part in activities. **A medical certificate is required for this purpose.**
4. **Persons partaking in water activities must be water confidant.** If unsure, please contact the centre to discuss suitability.
5. Persons must be generally physically fit to take part in all activities
6. Persons must be willing to comply with all safety regulations and carry out instructions as requested by the staff at the centre.
7. Ardmore Adventures reserves the right to cancel or alter any programme as it deems necessary. In the event of cancellation an alternative programme or date can be arranged.

**I HAVE READ AND UNDERSTOOD AND AGREE TO ALL OF THE ABOVE CONDITIONS**

Signed: \_\_\_\_\_ (PARENT, GUARDIAN)

<b>Credit card Booking-</b>	<b><u>Subject to 2.5% booking fee</u></b>
Card Holder Name: _____	Holder's Address: _____
Card Number _____ / _____	_____
Card Type: Visa <input type="checkbox"/> Master card <input type="checkbox"/> Laser <input type="checkbox"/>	_____
Expiry- / / . Security Code _____	_____
Amount to be deducted- € _____	Signature: _____

**How did you hear about the centre? Previous visit  Radio  Paper  Friend  School tour  Exhibition  Local business  (if so, which business; \_\_\_\_\_)**

OFFICE USE ONLY:
DEPOSIT RECEIVED: _____ AMOUNT RECEIVED: _____ DATE RCVD: ____/____/____

**Please Return to: Ardmore Adventures, Main St, Ardmore, Waterford**