



SUMMER CAMP BOOKING FORM 2010

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 28th June -2nd July Wk 2 5th - 9th July Wk 3 12th-16th July
Wk 4 21st-23rd July (1/2 week) Wk 5 26th - 30th July Wk 6 2nd - 6th August
Wk 7 9th – 13th August Wk 8 16th-20th August Wk 9 23rd -27th August

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 confident.** 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)

Credit card Booking-

Subject to 2.5% booking fee

Card Holder Name: _____ Holder's Address: _____

Card Number _____ / _____

Card Type: Visa Master card Laser

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