

Camp Booking Form

Camp	No. of Children	Cost
Total		

Please complete for each child attending a camp

Child's name: _____ Age: ____
Health / dietary or other relevant information:

I agree to abide by the camp rules as outlines in this brochure

Child's signature: _____

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Child's signature: _____

Contact Details

Name: _____

Address: _____

Phone: _____

e-mail: _____

Contact no. during camp:

Non-refundable deposit of €_____ enclosed.*

We recommend that children wear safety glasses for some activities. These can be purchased for €5 at camp.

Signed: _____
Parent / Guardian Date

Please return completed forms to:

Christine Campbell
Anyone 4 Science
Ballyduff
Ashford
Co. Wicklow

* Deposit for Summer camps is €100
Deposit for all 2 day camps is €60

Camp Rules:

Instructions from staff members must be obeyed.

Children must be safety conscious at all times.

Children must not leave the premises without permission during the camp times.