



ADULT & YOUTH BOOKING FORM

Personal Details

First name.....Surname.....
 Address.....
Postcode.....
 Email address

Telephone.....Mobile.....
 Date of birth.....Age.....
 Emergency contact name.....Telephone.....

Courses / Activities

Title	Date	Price
1		
2		
3		
4		
5		
		Total Price

Relevant experience.....
 Can the participant swim 50 metres?.....Is the participant water confident?.....

Medical Details

Please circle if the participant suffers from; asthma, epilepsy, allergies, recent illness, muscle strain, travel sickness, back or joint problems, diabetes. Please give details.....

 Name of doctor.....Surgery.....Telephone.....

If you have any objections to photography/filming of you/your child for MBC's use tick here.....
 How did you hear about the Mount Batten Centre? Existing customer, word of mouth/recommend
 MBC website, brochure, poster, leaflet, advertisement, newspaper feature, TV, radio

Payment Details

I enclose £ (Full payment for course(s)/activitie(s)–see terms and conditions of booking)
 Please make cheques payable to Mount Batten Park Ltd. We accept credit and debit cards.

Consent

I consent to any emergency treatment required by me/my child during the course of the visit. I am/my child is in good health and I declare physically able to take part in the selected course(s)/activity(s) above. I have read and am signing to accept the terms and conditions of this booking.
 Signed.....Print.....(Relation).....Date.....

Office use only. Date received..... Money received..... Receipt No:

Approved by..... Date approved..... Booking No:

Confirmation sent Yes / No..... Date sent..... Invoice No: