SPORTING DUET ACADEMY

INC. SOCCERCAMP INTERNATIONAL

BOOKING FORM - MARBELLA

Please answer all questions in block capitals.
Please complete & return to:-
Sporting Duet Academy, 27 Hill Street, London W1J 5LP

Child(ren) Details			
Surname:			
First name:			
Date of birth / age:	……../……../……	……	
Nationality:			
Contact Details			
Name of parent/guardian:			
Home address:			
Tel: (home) (mobile):			
Email:			
Booking Details			
Marbella dates:	**Date 1**	**Date 2**	**Date 3**
	Date 4	**Date 5**	**Date 6**
Medical Details			
Medical details:			
Previous illnesses:			
Date of last tetanus:			
Dietary requirements:			

I enclosed on behalf of those named above **deposit/full payment**. The booking and medical conditions have been read and understood and are accepted. I am duly authorised to make this agreement, I am over 18 years of age and all the information I have given is correct

Payment: £ **deposit/balance**	**Name (block caps):**
Signature:	**Date:**

PLEASE NOTE: it is the parents/guardians responsibility to ensure that all information contained in this form is correct and up to date. Please advise us of any changes or amendments