



KAHA WARRIOR RUGBY CAMP BOOKING FORM

COURSE

Please use BLOCK CAPITALS to fill in your details or tick the relevant boxes.

Course venue and date:	
Cost of course in total:	£99

BOOKERS DETAILS (PARENT OR GUARDIAN)

Forename:			
Surname:			
Address:			
	Country:	Postcode:	
Telephone:		Mobile:	
Name and number of person to be contacted in an emergency:			
Email address:			

ATTENDEE DETAILS

Forename:									
Surname:									
Date of birth:		Age:		Male:		Female:			
Dietary/medical requirements:	Yes:		No:						
	If 'yes' please advise:								
Permission to give first aid on the spot:	Yes:		No:		Can they swim:	Yes:		No:	
Doctor's name:									
Surgery address:									
	Telephone:								

PAYMENT DETAILS

How would you like to pay for this booking?

Please ring me to take my card details:	Yes:		No:	
I will call you to give my card details:	Yes:		No:	
See cheque enclosed (postal bookings only):	Yes:		No:	