**EUROCAMP 2017 - APPLICATION FORM**

**Portsmouth University.**

**NAME: Enter campers name here MALE/FEMALE:**

**ADDRESS: Enter your FULL postal address here**

**POSTCODE: Enter Post/Zip Code** **DATE OF BIRTH: DD/MM/YYYY** **AGE: Enter age at camp**

**Club or School team and coaches name: Enter Details here**

**HOME TEL: Home Tel No:** **MOBILE TEL: Mobile Tel No:** **E MAIL: E Mail Address**

**DR NAME:** **Enter Dr Name DR PHONE NUMBER:** **Enter Number inc Country/area code**

**DO YOU HAVE ANY MEDICAL CONDITIONS OR DIETRY REQUIREMENTS?**

**IF “YES”** **Please give details here, for example asthma, vegetarian etc.**

**PLAYING STANDARD:**

**HOW DID YOU HEAR ABOUT PORTSMOUTH EUROCAMP**:

**IF “OTHER”:** **Please give details here**

**WHAT KIT SIZE DO YOU NEED:**  **WHAT IS YOUR HEIGHT?:** Enter your height here

**PLEASE RESERVE MY PLACE AT EUROCAMP AS:**

**PARENTS DECLARATION FOR CAMPERS UNDER 18 YEARS OF AGE**

Ienter parent/guardian namesupport this application to Eurocamp. I give my consentto the staff and employees of Eurocamp to seek emergency medical attention for the above applicant. I consent to digital images of the above applicant to be used for promotional reasons by Eurocamp on their websites and on their Social Media pages.

By checking this box I agree that I have read Eurocamps Terms and Conditions and agree to accept and abide by them. I confirm that this application has been completed by a person over the age of 18. [ ]

DATE: 07/11/2016

A £70 non refundable deposit is required for each booking - PAYMENT DETAILS:

**CAMPERS ARE ADVISED TO TAKE OUT THEIR OWN INSURANCE AGAINST CANCELLATIONS AS NO REFUNDS WILL BE GIVEN – UNLESS WE CANCEL EUROCAMP IN WHICH CASE ALL MONIES PAID WILL BE REFUNDED.**

**Thank you for booking with Eurocamp, confirmation will be sent by E Mail once your deposit has been received.**