

SU HOLIDAYS BOOKING FORM



Please use only **one form per person**.

If you require extra copies for your friends please photocopy or ring the National Office for more forms.

PART 1: To be completed by Applicant

First Choice: Holiday Name: Holiday Number:
Second Choice: Holiday Name: Holiday Number:
Usual First Name: Surname:
Male/Female* Date of Birth: Age at Start of Holiday: Years Months

Address and Contact details

Address:
 Post Code:
Tel No: E-mail Address:
Parent/Care E-mail Address: Current School Year:

Please send me details of the insurance policy (*Please tick*) I am applying for a grant (*Please tick*)
I would like to share a room with: (*not guaranteed*)
Have you been on a Scripture Union holiday before? Yes/No* Which one(s)?:
How did you hear about the holiday? School/friend/youth club/church/other* (*please state*)
Name of church/youth group (if any) to which you belong:

Holiday Options

Transmission and **The Track** only: Please state your chosen options:

PERSON ATTENDING THE HOLIDAY ACCEPTS THE CONDITIONS SET OUT IN THE **IMPORTANT** SECTION IN THIS BROCHURE AND AGREES TO ABIDE BY THE GUIDELINES SET OUT BY THE HOLIDAY LEADER.

Signed (*person attending the holiday*): Date:

PART 2: To be completed by Parent, Guardian or Carer, if Applicant is under 18, or by the Applicant if 18 or over.

SPECIFIC NEEDS

This information is to enable us to meet those needs to the best of our ability at the holiday. See section on **Special Needs**. Please give full details if applicable, using a separate sheet if necessary.

Does your child require any special diet? Yes/No*

Wherever possible special dietary needs for religious or medical reasons will be catered for on request (eg vegetarian, gluten free etc.).

If yes please give details:

Does your child currently have, or have they recently had any major disability, illness, behavioural or social problems? Yes/No*

If yes please give details:

I ACCEPT THE CONDITIONS SET OUT IN THE **HOW TO BOOK** SECTION IN THIS BROCHURE AND I GIVE CONSENT FOR MY SELF/SON/DAUGHTER/WARD* TO TAKE PART IN ALL THE ACTIVITIES UNDER PROPER SUPERVISION.

I ENCLOSE £

Title: Rev/Mr/Mrs/Miss/Ms First name: Surname: (*Parent/Guardian*)

Signed: Date:

Send completed form, together with £30 non-returnable deposit (except where specified or on overseas holidays which are £75), to the Booking Secretary at the holiday of your choice. Cheques made payable to "**Scripture Union Holidays**". For West Runton Holidays please make cheques payable to "**West Runton Camp**".

Non UK residents only: See section in **How To Book**

I have arranged payment via the National Office: Yes/No*

Please DO NOT send this form or money to the National Office unless specified.

PART 3: Response form for a friend

Dear Booking Secretary, please send a copy of the main national Scripture Union holiday brochure to me/my friend*

Name: Age:
Address:
 Post code: