

**Gordonian Pelicans**

**2016 Rugby Summer Camp**

**BOOKING FORM**

I wish my child to attend the following days:

Mon Tues Wed Thurs Fri





Year Group (as of Aug 2016)

D.O.B

Home no.

Mobile No.

School

Male/Female

Medical Details

Name of child

Parent’s Name

Address

Post Code

Email

|  |  |
| --- | --- |
| I consent to my child receiving treatment from a qualified first aider when required | I enclose a cheque for:£65 for week£15 per day£ |
| Please tick this box if you do **not** consent to photographs being taken of your child which may appear in promotional material or press releases for the Camp or Gordonian Pelicans | **Please return this form along with correct fee to:**Craig McEwanGordonian Pelicans Summer CampRobert Gordon’s CollegeSchoolhillAberdeenAB10 1FE |
| **Data Protection:**  Data on this form will be stored on a computer and will only be used to promote events run by Gordonian Pelicans and Gordonian Rugby Club. If you do **not** wish to receive this communication, please tick this box. |

Alternatively, email the above details to GordonianPelicans@zoho.com and pay by bank transfer to Gordonian RFC, Bank of Scotland Account Number **00320023**, Sort Code **80-05-14** (Please reference in the format CAMP *surname*).