

Canal Camp Booking Form

please use block capitals

Personal Details

Title: (delete as appropriate) Mr/Mrs/Miss/Ms/Other
Surname:
First name(s):
Address:
.....
..... Postcode:
Tel: Mob:
Email:
DoB (you must be over 18 at the start of the camp): / /

Emergency Contact Details

Please provide details of someone who we can contact in case of emergency
Name:
Tel:

Medical & Access Information

Please let us know if you have any conditions for which you are currently seeing a doctor for treatment (e.g. asthma, epilepsy, allergies, or other health issues) and/or if you have any access needs. Please also include any information about medications including the dosage. This information will help the leader plan suitable activities for the canal camp. Please advise us of any changes before the start of the camp.
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.....
.....

Payment

To pay by cheque please make payable to 'IWA'
I enclose a cheque for £
OR
Please debit my account £
Card No:
Start date*: / Expiry date: /
Issue no*: CCV no**:
Name of Cardholder:

* Start Date/Issue No. is for Switch/Maestro cards only.
**CCV No. is the last 3 digits on the back of the card.

I Wish to Attend Canal Camp(s):

Camp No: Canal:
Camp No: Canal:

Dietary Requirements

Please indicate any special dietary requirements (e.g. vegan, vegetarian and any food allergies)
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.....

Other Information

Do you hold a current First Aid Qualification? YES / NO
If yes, please specify details:
.....
Occupation:
Are you attending as part of your Duke of Edinburgh Award? YES / NO
How did you hear about us?
How do you intend to travel to the camp?

Cancellation Policy

If you wish to cancel or transfer your booking, please inform us 21 days before the start of the camp. Your payment will be refunded less a £10 administration fee, or transferred to another camp free of charge. If you cancel less than 21 days before the start of the camp, no refund can be made.

Declaration

Please read the following before signing:
I agree that information on this form may be stored on an electronic database and that this information may be provided to organisers of the camp that I will be attending and to other authorised WRG Personnel. WRG may use the information you supply for administrative purposes and to send you information about our activities.

Signature:
Date:

Data Protection Act: We promise not to sell your details to anyone else. WRG may send you information about The Inland Waterways Association's campaigns and activities from time to time.

If you do not wish to receive this information, please tick this box.

Please Return Your Completed Form to:

WRG,
Island House, Moor Road,
Chesham,
HP5 1WA