



## SNORKELING COURSE

**PLEASE COMPLETE AND RETURN THIS FORM TO RECEPTION**

### CHILD DETAILS

CHILD'S NAME: ..... DATE OF BIRTH .....

PARENT / GUARDIAN NAME: .....

ADDRESS: .....

.....

..... POSTCODE .....

TEL (h) ..... (w) .....

(m) .....

\*\*\*EMAIL: .....\*\*\*

**ANY MEDICAL CONDITIONS (RELEVANT FOR THE TEACHERS' KNOWLEDGE (for office use only)**

.....

EMERGENCY CONTACT TEL NO: ..... (Name :.....)

BRIEF DESCRIPTION OF CHILD'S ABILITY - must be able to swim 50M unaided

.....

### FOR OFFICE USE ONLY: COURSE DETAILS

COURSE: ..... COURSE CODE:.....

**Fees: £40 per child**

#### **Methods of payment:**

1. Please send your cash or cheque payable to Serco Jersey Ltd and this part of the letter to the address at the top of the first page or alternatively drop it into one of our receptionists.
2. By Credit card – Please complete credit card information below;

CREDIT CARD/SWITCH NUMBER .....

Issue/Switch # .....

EXPIRY DATE FROM: ..... / ..... TO: ..... / .....

Name as it appears on the card:.....

**(N.B. To Guarantee your place, the closing date for bookings is Sunday 26<sup>th</sup> July.)**

Signed (PARENT/GUARDIAN)..... Date.....



**Serco (Jersey) Ltd**

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