



1. TRAINING CAMP BOOKING FORM FOR EYEMOUTH 2011 DATE OF CAMP : October Sat 22 nd – Sat 29 th October 2011 (Swimming Sun-Fri)
2. FULL NAME OF PARTY LEADER
3. ADDRESS
4. EMAIL
5. MOBILE PHONE NO (Do not use Landline No's Mobiles only please)

ALL OF THE ABOVE FIELDS MUST BE COMPLETED

1. NAMES OF SPECTATORS NOT SWIMMING ON CAMP
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PLEASE COPY AND RETAIN A COPY OF THIS BOOKING FORM FOR YOUR RECORDS

NAMES OF SWIMMERS ON CAMP	D.O.B	LTS Y/N	NOV Y/N	DEV Y/N	COMP Y/N	Extra Info	CAMP PRICE £	ANY MEDICAL CONDITIONS (You must disclose these prior to start date) (See website for full terms and conditions)
Example	10/02/74	Y					£65.00	Asthma

PAYMENT	TOTAL PRICE FOR GROUP £	DEPOSIT PAID £	FINAL PAYMENT £	PAYMENT METHOD /
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MANY OTHER DOCUMENTS ARE AVAILABLE TO YOU BY SELECTING THE **DOWNLOADS TAB** AT THE FOOTER OF OUR WEB PAGE www.totalaquatics.co.uk

ABILITY / LTS = LEARN TO SWIM / NOV = NOVICE ABLE TO SWIM 25M+ / DEV = ABLE TO SWIM 100M+ / COMP = COMPETITION SWIMMER
PRICING / SPECTATOR @ EYEMOUTH = £25 EACH / LTS + NOV + DEV = £65 EACH / COMP = £100 EACH
PAYMENT / NO REFUND DEPOSIT = £50 / CHEQUES PAYABLE TO L. DORMER / BACS ACC NO 10939368: SORT CODE 30-84-87 REFERENCE = EYEMOUTH 2011
POSTAL ADDRESS TOAD COTTAGE / GORLEY ROAD / RINGWOOD / HANTS / BH24 3LD / EMAIL MAIL@TOTALAQUATICS.CO.UK
You must inform us immediately about any health related issues / We may use image capture devices on the course for stroke fault analysis and or promotional material please inform us if you wish to opt out / By Participating on the Training Camp you are accepting our Terms & Conditions # see website www.totalaquatics.co.uk