UPCOTT
AXE VALLEY CHRISTIAN TRUST

Upcott Weeks
Booking Form 2012

Reg. Charity No. 285783

Name (in capitals)			
Date of Birth		**Age at Week**	**Gender** M / F
Address			
Tel. no.	Home	Mobile	**E-mail**

Parent / guardian contact details:			
Name(s)			
Address (if different from above)			
Tel. no.	Home	Work	Mobile
E-mail			

Week applying to
If possible I would like to share a room with

Medical and Dietary details
Please provide brief details of any special dietary requirements, regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies etc.) or disability which may affect normal activity: *Please write overleaf if necessary.* *You will be asked to complete a more detailed medical form nearer the date of the week.*

Terms and Conditions:
Prices include full board and accommodation. Bookings are only taken on receipt of the required deposit of £35 and a completed 2012 booking form. No telephone or email bookings will be taken. Confirmation will be sent within two weeks of receipt of your booking form and deposit, after the priority booking period. The balance is due at least two weeks before arrival. Cancellations received within six weeks of visit require the payment of half fees, and if within two weeks, full fees.

Data Protection:
In accordance with the Data Protection Act 1998 the information you provide will be stored in a secure database for the administrative purposes of the Axe Valley Christian Trust. Your name, address and telephone number will be added to an address list to be sent to others who are coming to your week. If you **do not** want your details included please tick the box. ☐

Please enclose:

- **a deposit of £35.** Cheques should be made payable to "AXE VALLEY CHRISTIAN TRUST". (The balance is to be paid at least two weeks before arrival.) **Please send to:**

Upcott Weeks, The Beacon, Beacon Road, Minehead, Somerset, TA24 5SD

TO BE SIGNED BY PARENT / GUARDIAN IF THE APPLICANT IS YOUNGER THAN 18 OR BY APPLICANT IF OVER 18.
I have read and agree to the above conditions, and agree to pay the balance at least two weeks before arrival. Signature: Date: Name: