

BOOKING FORM

PG 1

Please use **BLOCK CAPITALS**
*Please indicate as appropriate

Ventures
Holidays worth sharing

1. Personal details

Surname _____ First name _____ Known as, if different _____
Date of birth / / Age on 31 August 2017: years months Male Female*
Address _____
Postcode _____
Telephone _____ Mobile _____ Email _____
Attended a Venture before? If so, please tell us the name and year of the most recent Venture you attended.

 Tick here if you don't want your contact details to appear on an address list, to be distributed amongst leaders and members of the Venture attended.

2. Your choice of Venture

Some Ventures fill quickly so please give **TWO** choices.

Holiday No.	Venture Name
1st	_____
2nd	_____

Name any friends who want to go on the same Venture as you. Please indicate with whom you'd like to share a room. We'll try our best to meet your request but this is not always possible, especially if your friend/relation is not a similar age.

3. Member's signature

I would like to book on the Venture as indicated. If my booking is accepted I agree that there will be a contract between CPAS and my parent or guardian (or me if I am over 18) according to the full terms of contract. These terms are available in the Ventures 2017 brochure, at www.ventures.org.uk or on request from the Ventures office. I understand that there will be Christian teaching on the Venture. I will co-operate with the leaders at all times.

Member's signature _____ Date _____

4. Next of kin contact details

Title _____ First name _____ Surname _____
Address _____
Postcode _____
Telephone _____ Mobile _____ Email _____

5. Payment Contact details for the person responsible for payment Tick here if the details are identical to those in section 4

Title _____ First name _____ Surname _____
Address _____
Postcode _____
Telephone _____ Email _____

PAYMENT METHOD Please tick one of the following options:

- Debit card (full amount) Please provide your debit card details below
- Debit card (£30 deposit only)
- Credit card (full amount, plus £2.50) Please provide credit card details below. Please note that if you wish to pay by credit card we will charge for the full fees plus £2.50 due to the high transaction costs. We do not accept deposit payments by credit card.
- Cheque Please enclose a deposit cheque for £30 (or the full fee amount), payable to CPAS Ventures. The balance is due 8 weeks before the start of the Venture. If you are booking places for people to go on different Ventures, please write separate cheques.
- Standing order Please enclose a deposit cheque for £30 payable to CPAS Ventures, or provide your debit card details below (of at least £30), and if you tick this box we will send you a standing order form to complete for the balance of fees.

Please complete this section if you have chosen to pay by debit card or credit card:

VISA Debit VISA Credit Mastercard Debit Mastercard Credit

Card No. Expiry date /

We can only accept payments from cards registered to the address of the contact given above.

Name on card (capitals) _____ Signature _____

Send this form to the Bookings Contact of the Venture, NOT to the Ventures office.
Details can be found in the brochure or website.

PLEASE TURN OVER FOR REMAINDER OF FORM >

BOOKING FORM

PG 2

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6. Health and other information Please continue on a separate sheet if necessary.

- Can he/she swim at least 10 metres unaided? YES NO
- I give consent for him/her to participate in swimming in a swimming pool on the Venture YES NO
- Can he/she swim at least 50 metres unaided? (necessary for certain specialist Ventures taking place on water) YES NO
- Is your child a vegetarian? YES NO
- Does he/she have any other special dietary requirements (including food allergies/intolerances)?
(please give further details if the answer is YES) YES NO
- Please indicate your consent for a responsible leader to dispense plasters and common over-the-counter medicines (such as paracetamol, Waspeze, antihistamine medication (e.g. Piriton tablets), hydrocortisone cream) to him/her with due diligence and when appropriate YES NO

Please give further details on a separate sheet if the answer to any of the questions 1 to 8 is YES.

1. Is there any reason why he/she should not swim or take part in other sports? YES NO
2. Does he/she currently have, or have a history of,
- Kidney disease YES NO
- Heart/blood disorders YES NO
- Epilepsy/faints/neurological disorders YES NO
- Diabetes YES NO
- Asthma/hayfever/lung disease YES NO
- Anxiety when away from home YES NO
- Additional support at home and/or when in education for specific needs?
(e.g. access/physical/learning/emotional support requirements) YES NO
3. Does he/she have any other health problems?
(e.g. bedwetting, hyperactivity/attention deficit disorder) YES NO
4. Does he/she have any allergies?
(e.g. plasters, food, medications, bites and stings) YES NO
5. Does he/she take any regular medication?
(e.g. prescribed, over the counter, skin preparations, homeopathic) YES NO
6. Does he/she use inhalers for asthma? YES on a regular basis YES only when needed NO
7. Is there any reason why he/she should not receive any normal treatments?
(e.g. objection to conventional medicine) YES NO
8. Has he/she suffered any injuries in the last 2 years? YES NO

Please give details of any other information, not covered above, that would be helpful for the Venture leader to know about (e.g. recent bereavement).

You must include all information which could be relevant to our care of the member while on Venture.

We ask these questions so that we can consider what support may be needed during the Venture.

7. Declaration Your Parent / Guardian (or YOU if you are over 18) * Please indicate as appropriate

I give consent for my child/ward* to take part in the Venture. I enclose a deposit of £30 or credit/debit card details. If the booking is accepted, I agree that there will be a contract between CPAS and me according to the full terms of contract. These terms are available in the Ventures 2017 brochure, at www.ventures.org.uk or on request from the Ventures office. In the event of the Venture leader being unable to contact me, I give consent for my child/ward* to undergo dental/medical treatment should the need arise, and I authorise the Overall Leader (or his/her nominee) to sign on my behalf. I confirm that all information on this form is correct.

Parent/Guardian's signature

Name

Date

8. Church and group Leave this section blank if it's not applicable.

Full name of church

Town

County

Leader's name

Title

Address

Postcode

Telephone

Email

We will use the information you provide on this form only for administering your attendance on a Venture. We do not share data with any third party or subsidiary. A full copy of our policy is available on request. We will send you information about Ventures in the years following your attendance on a Venture, unless you inform us in writing at our Head Office address. We may also contact your youth/children's leader to give them more information about Ventures, if you have given their details in Section 8. Church Pastoral Aid Society Registered charity no 1008720 (England and Wales). A company limited by guarantee Registered in England no 2673220. Registered office: Sovereign Court One (Unit 3), Sir William Lyons Road, Coventry, CV4 7EZ. N.B. Bookings Contacts are volunteers and may not be available during office hours. Further copies of this booking form are available from the Ventures website at www.ventures.org.uk or from the Bookings Contact.

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Details can be found in the brochure or website.

www.ventures.org.uk