

BCYT Weekend Away @ Lendrick Muir

January 30th - February 1st 2009

Booking Form

Name: _____

Address: _____

Post code: _____ Tel no: _____

Emergency Contact Tel: _____

Date of Birth: _____

School _____ Year _____

Do you have special dietary needs, health issues or allergies?

Please give details:

Friends I'd like to share a room with:

I'd like to be picked up in (delete two) Eyemouth/Chirnside/Duns

I enclose: £10 deposit (non-returnable) £30 full fee

Cash Cheque

I have read and understood the Booking Conditions printed on the back of the weekend brochure.

Signature of parent/guardian

Please print name:

Pictures of the weekend may be published on our website.

If you do **not** want pictures of your son/daughter to be used, tick this box.

