Booking Form Lochgelly High Community Use Camp	Booking Form Beath High Community Use Camp
Primary 1-3 Primary 4-S1	Primary 1-3 Primary 4-S1
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Email:	Email:
Telephone Number:	Telephone Number:
School: Date of Birth:	School: Date of Birth:
Emergency Contact:	Emergency Contact:
Emergency Number:	Emergency Number:
Medication/Medical Conditions:	Medication/Medical Conditions:
I give permission for my child to be photographed for any future promotion/publications YES NO	I give permission for my child to be photographed for any future promotion/publications YES NO
Signed	Signed
Name Date	Name Date