Booking Form
Lochgelly High Community Use Camp
Primary 1-3 ☐ **Primary 4-S1** ☐

Name: …………………………………………..

Address:…………………………………………

………………………………………………………

Post Code: …………………………………………..

Email: ……………………………………….

Telephone Number: …………………………….

School: …………………… **Date of Birth:** …………..

Emergency Contact: ………………………….

Emergency Number: …………………………..

Medication/Medical Conditions:

………………………………………………………….

…………………………………………………………
I give permission for my child to be photographed for any future promotion/publications
 YES NO

Signed ……………………………………….

Name ………………….. **Date** …………………..

Booking Form
Beath High Community Use Camp
Primary 1-3 ☐ **Primary 4-S1** ☐

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