



NEXT LEVEL SPORTS CAMP BOOKING FORM

Child's Name:		Child's Age:	
Child's School:			
Address:			
Medical Conditions/Allergies:			
Emergency Contact Number:			
Alternative Contact Number:			
Email Address:			
Venue:		Dates:	
Please select payment option <i>(Tick box where applicable)</i>			
Cash handed to office		Cash on first day of camp	
BACS		Cheque	
Amount paid: £			
Name:		Signature:	
Next Level Sports would like to take photos during the sports camp for company advertising. If you are happy for NEXT LEVEL SPORTS LTD to take photos of your child please tick the box.			
If you give consent for your child to use Next Level Sports Scooters and helmet during the camp then please tick box			