

Laser Bicton Adventure

www.lasercamp.co.uk



22 Lower Avenue, Heavitree, Exeter, EX1 2PR. Email: bookings@lasercamp.co.uk, Tel: 07879 999082

INVOICE No _____

Parent/Guardian Name:.....

Address :

Town:..... Post Code:.....

Tel.1.(main contact no.).....Tel.2 Mobile

School Email address.....

Password to use for conversations about your child over the telephone

Password question prompt

Where did you here about Laser camps?

		Child One	Child Two	Child Three			
Forename – (please indicate with an M or an F if they are male or female)							
Surname							
Date of Birth & (age on camp)							
Dates	Day camp	Aug 13 th – 17 th	Aug 13 th – 17 th	Aug 13 th – 17 th	TOTALs		
Bicton Day camp - £180*		£	Transport?	£	Transport?	£	Transport?
Returning campers from Laser or Bicton adventure 2011 - £170*		£		£		£	
Transport – This will be a bus provided by Laser with Laser staff on board. £35 return for the week – Pick up at 8.30am and drop off at 5.30pm daily at Exeter service station							£
*PRICES above <u>do not</u> INCLUDE HOLIDAY <u>INSURANCE</u> AT <u>£8.75</u> per child per week – PLEASE ADD THIS TO TOTAL BELOW							

Balance	Insurance at £8.75 per child per week	£
TOTAL COST - (all prices are inclusive of VAT)		

Please turn over for payment options



		Tick √
Option 1 Online	Check our new online booking system	
Option 2 Childcare Vouchers	Please state company: (Deposit or full payment accepted)	
Option 3 Cheque	Pay £50 deposit only (Final balance due by July 1 st 2012. No reminders sent. Admin charge will be incurred if payment is late)	
	Pay in full	
Option 4 Card (Details required below)	Pay £50 deposit only (£4 admin charge) (Final balance will automatically be taken between July 1 st – 8 th 2012. No reminders sent. (£4 admin charge)	
	Pay in full – No admin charges	
Option 5 Bank Transfer Sort Code: 20/60/88 Acc No: 90568708	Pay £50 deposit only (Final balance due by July 1 st 2012. No reminders sent. Admin charge will be incurred if payment is late)	
	IMPORTANT (All 3 reference details below are required) Ref: (your surname + password from personal details+ Postcode)	
	Pay in full	
	IMPORTANT (All 3 reference details below are required) Ref: (your surname + password from personal details+ Postcode)	

Card details

If you wish to pay by VISA or MASTERCARD please complete this section.

£4 admin fee applies per transaction

I wish to pay by credit card, please charge my account the amounts agreed above. I understand that the final payment will automatically be deducted between July 1st-8th 2012, unless I have advised otherwise.

CARD NUMBER:

EXPIRY DATE/...../..... 3 digit security no:

Name on card: _____ Signed: _____

Address the card is registered to: _____ Post code _____

Important:

Please now fill in a Medical form and post all documents to:

*Bookings, Laser Summer Camp, 22 Lower Avenue, Heavitree, Exeter, EX1 2PR
Phone – 07879 999082*