Application Form: Summer Camp 2009

Section 1 - Student's details (BLOCK LETTERS please)

Surname |_|_|_|_|_|_|_|_|_|_|_|_|_|_| Given name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of Birth (dd/mm/yy) __ __ / __ __ / __ __ __ __ Gender ❑ Male ❑ Female

Flat/House_____ Floor _____ Block/Tower_____ Building _____

Street/Road_____ District _____

❑ HK ❑ KLN ❑ NT _____ Home Phone _____ Fax _____

Mum's name_____ Mum's mobile _____

Dad's name_____ Dad's mobile_____

Email 1 _____ Email 2 _____

Emergency Contact Person (if different from above)_____

Does your child have any allergies, medical condition or physical limitations that our teachers should be aware of? If so, please indicate.

_____

School your child attends _____

How did you learn of our course? ❑ Existing Customer ❑ www.esf.org.hk ❑ Personal Recommendation ❑ School Recommendation

❑ Newspaper Advertisement e.g._____ ❑ Magazine Advertisement e.g._____ ❑ Brochure mailing ❑ Other _____

Section 2 - Course Enrolment

Camp/Clinic	Code	Venue	Week no.	Dates	Time	Fee (HKD)
Early bird discount does NOT apply to certain camps/clinics. Please check fees carefully.					**Total Camp/Clinic Fee**	

ESF T-Shirt (for Sports Camp Only) ❑ XXS ❑ XS ❑ S ❑ M ❑ L ❑ XL ❑ XXL

Bus Service Route ❑ 1 ❑ 2

Pick up/drop off location _____ Week(s) _____

Pick up & drop off time _____ Total no. of week(s) _____

Accompanying adult (if applicable) _____ Fee ($ 200/week) _____

Total Bus Fee	
Total Fee	

Section 3 - Payment Options

1. Cheque payment: Complete and mail this application form along with your cheque made payable to 'ESF Educational Services Ltd' to: **Sports Section, ESF Educational Services Ltd, 5/F, Cigna Tower, 482 Jaffe Road, Causeway Bay, HK.** Please write the student's name on the back of the cheque.
2. Credit card payment: Complete this application form including your credit card details and fax it to **2711 8007** or mail it to our address above. Faxed applications without credit card details will NOT be accepted or processed. *We do NOT accept American Express

❑ Visa ❑ Mastercard ❑ JCB Amount to be charged (HKD) _____

Credit card number _____ Expiration date (mm/yy) _____

Cardholder's name _____ Cardholder's signature _____

By signing, I hereby authorize ESF Educational Services Limited to charge the specified credit card account for the indicated amount. I promise to pay such total subject to and in accordance with the agreement governing the use of such card.

Section 4 - Consent Details

In enrolling my child in ESF Educational Services' courses, I agree that my child will abide by the rules and regulations set out by the company. These rules and regulations can be viewed at www.esf.org.hk. I will not hold ESF Educational Services responsible for any injury to my child or any damage or loss to my property as a result of participation in these courses.

_____ _____ _____

Parent/Guardian's name Parent/Guardian's signature Date