

2019 WEC CAMP APPLICATION FORM

Please use ONE FORM per camper or adult.
Use CAPITALS throughout.



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OFFICE USE ONLY		

Title	Christian name (usually used)	Surname	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Date of birth	Full address		
Phone (with area code)			
Mobile	postcode		
Email			
Name of church			
If in a group, who is your group organiser?		Do you have any health/mobility problems?	
Do you have a special diet?		Are you taking any medication?	
Have you been to a WEC Camp before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is English your first language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, how did you hear about us?		If no, what is your first language?	

FOR CAMPER

Please tick the camp(s) you wish to attend

WARRIORS aged 9-13 **TEENS** aged 13-17

week A 27 July-3 Aug A A
week B 3-10 August B B

Names of friends you would like to share a tent with (if possible)

FOR ADULT LEADER / WORKER

Tick your preferred choice of camp(s) and role

WARRIORS **TEENS**
 Set-up 20-27 July **Set-up** 20-27 July

A A
 B B
 Pack-up 10-12 Aug **Pack-up** 10-12 Aug

Preferred role:
 Tent leader Kitchen team

FEE ENCLOSED All per person per week
 Please tick just one.

- Non-refundable non-transferable deposit £50
- Warrior A/B incl. deposit **£185** (early bird £170*)
- Teen A/B incl. deposit **£195** (early bird £185*)
- Adult worker incl. deposit **£100** (2 weeks £150)

Total enclosed £

Name on cheque
PLEASE PRINT

Signature
(parent/guardian)

CHEQUES PAYABLE TO 'WEC CAMPS'

*Early bird fees (including deposit) for those who book before 1 April 2019.

WEC Youth is part of WEC International
Registered charity numbers 237005 & SC037715

Please return this form to: Youth Office, WEC International,
Project House, Chester Road, Sandycroft, Deeside CH5 2QW

PTO

WEC Camps Data Protection

The information on this form is confidential.

WEC Camps will only share this information with appropriate members of the Camp Staff and never with third parties.

Details on this form will be used in connection with this year's camp and names and addresses held for the purpose of future publicity.

All information will be held securely.

Please tick the boxes to indicate your consent in the following areas:

1. I give my permission for this name and address to be held for the purpose of future publicity.
2. I give my permission for medical and dietary information to be shared with appropriate members of the Camp Staff.
3. I give my permission for my child to be photographed/ filmed while at camp.

Photographs and film footage are taken at camp for use in our future publicity. Usually these are general or group shots with a few individual pictures or interviews. These will only be used by WEC International, organisations in sympathy with WEC to whom specific permission has been given, or companies contracted to produce publicity material on our behalf.

Signed: _____ Date: ____/____/____