



# Folk Camps Society Limited

## WINTER WARMER BOOKING FORM

23 to 25 JANUARY 2009

HALSWAY MANOR  
CROWCOMBE, SOMERSET

LEADER Chris Turner  
MUSICIAN Brian Stone

BOOKER'S NAME			
ADDRESS		PHONE	
POST TOWN		MOBILE	
POST CODE		EMAIL	

PLEASE NOW COMPLETE THE FULL DETAILS OF YOUR PARTY OVERLEAF

### PRICES (includes en-suite)

ADULT	18-21	12-17	5-11	Under 5
<b>£178/188</b>	<b>£178/188</b>	<b>£102/107</b>	<b>£72/75</b>	£0 (FREE)

* Lower prices ( <b>bold</b> ) for bookings <b>AND</b> balance payment received at least 1 month before camp		Not en-suite deduct £12 per person	<input type="checkbox"/> Please tick to select
--	--	------------------------------------	--

Min. deposit enclosed **£20 per person** £

### Booking Conditions

- All deposits are non-refundable and non-transferable.
- Balances on invoices are due 1 calendar month before holiday starts. **The higher booking price will be charged for all outstanding balances after that date.** Folk Camps reserves the right to cancel bookings where balances have not been settled in full by the due date.
- In the event of you cancelling (except under clause 5 below) the following scale of charges will apply:-  
Up to 4 weeks before start of holiday -deposits only,  
15 to 28 days before start of holiday -50% of full cost,  
under 15 days before the start of holiday -100% of full cost.  
*Please note many insurance companies offer policies which provide cover against you cancelling your holiday.*
- Folk Camps reserves the right to alter or cancel camps, facilities, dates and staffing as necessary, but will always attempt to provide a holiday that matches as close as practicable the original.
- Folk Camps will not pay any refunds or consequential losses in respect of any changes necessary under clause 4 above, other than to grant the option of cancellation with full refunds if Folk Camps cancels or alters the dates or location of the camp as a result of any reason beyond its control.
- The person making this booking will notify Folk Camps if any member of the party has been at risk of contact with an infectious or contagious disease. Should it be necessary to cancel the booking as a result of any such contact, then Folk Camps will refund all the monies paid.
- The person making this booking acknowledges full responsibility for all persons included in the booking and indemnifies Folk Camps Society Ltd. for all losses incurred as a result of any such person's actions.
- Special medical dietary needs will only be catered for following advance agreement by Folk Camps.

I accept the above conditions.	<b>SIGNED</b>	<b>DATE</b>
--------------------------------	---------------	-------------

All accepted bookings automatically include Associate Membership of Folk Camps Society Ltd. for all party members 18 years of age and over. (The amount paid includes 1p as Associate Membership fee).  
Please return this form together with your minimum deposit of **£20 per person per camp** to:-

Folk Camps Society Ltd, 43 Mill Street, Tonyrefail, PORTH CF39 8AB Tel:-0208 12321 36 info@folkcampssociety.co.uk

(please make cheques payable to "Folk Camps Society Ltd.")

Folk Camps Society Ltd. is a company limited by guarantee (no 931434) & a registered charity (No255901)  
Registered address: Drummond House 6 Pittville Crescent CHELTENHAM GL52 2QZ

Please enter the details of **all** your party &, if under 22, their **DATE OF BIRTH**.

FIRST & LAST NAME <b>1</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE

FIRST & LAST NAME <b>2</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE

FIRST & LAST NAME <b>3</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE

FIRST & LAST NAME <b>4</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE

FIRST & LAST NAME <b>5</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE

FIRST & LAST NAME <b>6</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE

FIRST & LAST NAME <b>7</b>	SKILLS & INTERESTS	DATE OF BIRTH (if under 22)	NEW CAMPER?	VEGETARIAN OR SPECIAL MEDICAL DIETARY NEEDS
ADDRESS LINE 1	ADDRESS LINE 2	POST TOWN	POST CODE	EMAIL & TELEPHONE