

YELLOW BRACES July 6th – 8th 2012

BOOKING FORM

Name: _____

Address: _____

Postcode _____ Phone _____

Date of Birth _____ School Year _____ Male Female

Parish _____

Are you hoping to share a dormitory with a friend? If so, please give their name(s) **NB Dorms will be age specific so any 'request' must be for a friend/family member of the same age**

I enclose a cheque for £ _____ (made payable to **ODBF**) representing:

Deposit £25 **or** Full Fee £49 **or** 2 Family Members fee £85, 3 Family members £115. Passport size photo please with name and DOB on back

NB: A detailed Medical Form will be sent to you

Parent / Guardian signature _____

Date _____

DEADLINE FOR BOOKINGS – JUNE 20th

*Return this form, a passport photo and cheque to: **Yellow Braces, Diocesan Church House, North Hinksey, Oxford OX2 0NB***

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