



Application Form for Kuwait Trip

Full Name (as appears on Passport): _____

Date of Birth: _____

Male/Female (please circle)

Passport Number: _____

Nationality: _____

Mobile Number: _____

E-mail: _____

Mailing Address: _____

Fax: _____

Please answer the following questions

Level of English Excellent Good Fair Poor

Are you able to swim (50 metres) Yes No

How much do you enjoy sporting activities: (Do not enjoy) 1 2 3 4 5 (Very Much)

What are your hobbies or pastimes?

Do you have any food allergies?

Do you suffer from any medical conditions (if yes please specify medication amount and frequency taken)

Have you ever stayed away from home previously to this Trip?

Parental Responsibilities

Application form **MUST** be completed in full and submitted to your contact person along with

- Proof of payment,
- Flight details,
- Insurance proof,

Medical Authorization

I (parent name) _____ give permission for my son/ daughter,
(name) _____ age _____, to be administered emergency first
aid by qualified staff.

Signature of Parent..... Date.....

- Full Fee to be paid as soon as possible as places are allocated on first come first serve basis.

Cancellation of attendance after booking has been confirmed will result in 50% refund if before the trip by 2 months, 25% if within 2 months to 3 weeks to the start of the trip and 0% if the cancellation is before the start of the trip by just 3 weeks

For payment details

Please confirm with your contact person in your country

Alternatively please call 00447984765707