



2026 Junior Camp Application form

Please use one form per Camper per Camp.

*More than 1 camper? Download additional forms at
www.SuffolkChristianCamps.org.uk*

Personal Details

Name:

Age: D.O.B.

Male ☐ Female ☐

Address:

Postcode:

Telephone No. Email:

Select your Camp and date preference (tick the boxes):

Junior Camp ☐ **Week 1: July 25th – August 1st**

☐ **Week 2: August 1st – August 8th**

Price: £115.00 per-person, £30.00 non-returnable deposit required to secure place.

I would like to share a tent with (we can't guarantee this):

Name of Church attended (if any):

Dietary requirements:

GP name and GP Surgery:

Date of last tetanus injection: **Child's NHS No.**

Do you give permission for the leaders to administer Paracetamol or Ibuprofen if your child has a headache or for pain relief? Yes ☐ No ☐

Emergency contact details whilst your child is at camp:

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Continued overleaf...

Please note that "Suffolk Christian Camps" operates a Child Protection Policy. In completing this form, you are confirming that the information given can be used by Suffolk Christian Camps for the purposes of booking and administration and not for any other purpose.

In your child's interest, it is important that the leaders should know whether they suffer from any illness or medical condition. Please use this space below to state, in confidence, any health or other matter concerning your child of which accompanying leaders should be aware. Please indicate here also if your child is receiving medication with details and dosage: (use extra paper if more space is needed)

Sometimes photographs and video footage taken on Suffolk Christian Camps are used in publicity materials and on the websites and social media pages of Suffolk Christian Camps and Sizewell Hall (this may include Facebook, Instagram and 'X').

Please indicate your consent or otherwise by ticking the box

I am happy for my child to appear in photographs and video footage as detailed above. ☐

I am not happy for my child to appear in photographs and video footage. ☐

By signing below I confirm that the child named above is in good health and I consent to their taking part in the week of camp. I consent to them receiving medical treatment that, in the opinion of a medical practitioner may be necessary and understand the camp leaders will take reasonable care of my child during the week.

Signed (Parent or guardian if under 18):

Please send deposit payment by BACS to: "Suffolk Christian Camps"

Sort code: 40-43-37 Account: 91409050 with surname of attendee and camp name as reference. If you are unable to pay by BACS, please send your deposit by cheque, made payable to: "Suffolk Christian Camps". Early booking is advised. Please note dogs are not allowed on the site, including for drop-off and collection. Once you've completed and signed this form, please send it along with your deposit payment to:

Rachael Wallace, Suffolk Christian Camps, 44 Oakey Field Road, Thurston, Bury St Edmunds, Suffolk IP31 3RX

On receipt of your deposit payment, we will send you an e-mail confirming your booking. You will receive an e-mail in May from your Camp Leader providing more information about your holiday. This will include your final balance reminder along with a suggested kit list.

For more information please visit www.suffolkchristiancamps.org.uk or contact Rachael Wallace: Tel. 01359 231084 Email: rbwallace44@googlemail.com

To download additional forms, please go to: www.suffolkchristiancamps.org

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