

REGISTRATION FORM

Please complete the form in BLOCK CAPITALS and send to hello@sevenpalmsmarbella.com

CHILDS INFORMATION

First Name :

Last Name :

Date Of Birth : _____ / _____ / _____ Age : _____

Address : _____

Phone Number : _____ E-Mail : _____

ID Number NIE/DNI : _____ OR Passport Number : _____

Gender : Male Female

Does your child have any allergies?: _____

CHOOSE YOUR CAMP DATES :

_____ / _____ / _____ / _____ / _____

PARENT/ GUARDIAN INFORMATION & EMERGENCY CONTACT

First Name :

Last Name :

Date Of Birth : _____ / _____ / _____ Parent/ Guardian : _____

Address : _____

Phone Number : _____ E-Mail : _____

ID Number NIE : _____ OR Passport Number : _____

Gender : Male Female

EMERGENCY CONTACT

Name :

Phone Number : _____

How did you hear about us? : Google Instagram MCH OTHER

More Information :

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 www.sevenpalmsmarbella.com
 hello@sevenpalmsmarbella.com

Please scan the QR code to make payment and complete registration:

***IMPORTANT:** Please use your child's name as Payment Reference



THANK YOU