



Synergistic Consultants PTY Ltd. trading as KGW
Kidz Camps or Kids Get Wild Kidz Camps
t: 021 712 6715 f: 086 628 4839
Reg. No: 2003/027832/07
VAT: 4960210773
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Kidz Get Wild Enrollment Form

Company Information:

Synergistic Consultants PTY Ltd. trading as KGW Kidz Camps or Kids Get Wild Kidz Camps
t: 021 712 6715 f: 086 628 4839
26 Welgelee Road, Constantia Hills, Cape Town, 7806
Reg. No: 2003/027832/07
VAT: 4960210773

PLEASE COMPLETE A NEW PAGE FOR EACH CHILD.

All sections must be completed in full and faxed back to **086 628 4839** in order to confirm a booking. Please make sure you read the terms and conditions on page two carefully before sending in the form.

NEW CAMPERS and **PAST CAMPERS WHO HAVE NOT DONE SO BEFORE** must also complete a **FAMILY REGISTRATION FORM.**

Child's full name: _____

Has s/he been to **KGW Kidz Camps** before? (YES / NO) (Please circle appropriate choice)

Camp arrival date: _____

Camp departure date: _____

School & Grade: _____

If possible my child would like to be in accommodation with _____
(Please only give one name, must be the same age and gender.)

DETAILS FOR PERSON COMPLETING THIS FORM:

Name: _____ Contact No: _____

Email: _____

Does s/he have permission to play paintball (YES or NO) (Please circle appropriate choice)
and to go on an excursion? (YES / NO) (Please circle appropriate choice)

KGW Kidz Camps has all the correct family & medical information for my child by way of the following

(tick A or B)

A I am sending a completed FAMILY INFORMATION FORM to **KGW Kidz Camps** with this enrollment form as well as all necessary medical aid or travel insurance documentation.

or

B My child (or his/her siblings: _____) has been to **KGW Kidz Camps** before and all our details are still the same (**KGW Kidz Camps** has a signed and current FAMILY INFORMATION form and medical aid card on their files).

PARENT'S TRAVEL DETAILS: (Complete if either parent or guardian is traveling while their child is at **KGW Kidz Camps**)

Person traveling: _____ Destination: _____

Contact details Tel: (include country & city codes) _____

Email: _____

FEES: All amounts will be reflected on your invoice.

DEPOSIT: There is a deposit of 50% **per session** payable with this application to secure a place for your child.

BALANCE: The balance of the fees is payable at least one month before arrival

Camp Times: Parent drop off at **KGW Kidz Camps** strictly between 2 & 3 pm *Pick-up strictly at 11:00am

PERSONAL SAVINGS: Please provide my child with a personal savings account of R_____ per session. We recommend about R30 a day; more if your child would like to play paintball or purchase clothing.

If there is money left in the personal savings account at the end of the session we can either carry it forward to your next camp or deposit the funds back into your bank account.

BANK DETAILS FOR PAYMENTS:

FNB

Acc Name: Synergistic Consultants PTY Ltd

Acc Number: 62062212049

Branch / Sort Code: 201109

Proof of transfer must be faxed through to 086 628 4839.

Note there is an extra 1% service charge for cash deposits