

Leavers 2017

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**FOUR SEASONS HOLIDAY PARK IS AN ALCOHOL-FREE
ZONE
REGARDLESS OF SCHOOL LEAVERS AGE**

**Please complete the information required.
Failure to do so will result in refusal of entry to the Park**

BOOKING NAME _____

STUDENT NAME _____

STUDENT ADDRESS _____

STUDENT MOBILE _____

HOME PHONE NUMBER _____

SCHOOL ATTENDED IN 2017 _____

SCHOOL PHONE NUMBER _____

PARENT NAME _____

PARENT MOBILE _____

****ALL STUDENTS MUST ATTACH A SIGNED OFFICIAL LETTERHEAD FROM THEIR
SCHOOL/TEACHER TO PROVE THAT HE/SHE IS IN ATTENDANCE AT SCHOOL IN 2017**

School Leaver - By signing this form I acknowledge that I have understood and will abide by the Park regulations. If I do not abide by the regulations I understand that my entire group will be evicted from the Park and all monies will be forfeited.

School Leavers Name _____ Signature _____

Parent – By signing this form I acknowledge that I have understood and will accept responsibility for the conduct of my school leaver/s for the period they are booked in at the Park

Parent Name _____ Signature _____