



## Valued Educational Services, Ltd.

*Global Education for Youth and Young Professionals*

*Please insert a picture of your child here. Or include picture in a separate attachment in the email.*

### Application Form: Youth Golf Camp and Cultural Immersion

**INSTRUCTIONS:** Please read carefully and submit by **March 16, 2026**. Submit to [admin@globalves.com](mailto:admin@globalves.com). The nonrefundable **£500 Application Fee** is also due by **March 16, 2026** and is applied to the total program cost. Payment Information is at the end of this form.

**IMPORTANT:** ALL information provided are kept **CONFIDENTIAL** and used solely for VES administrative purposes. Additionally, the Application Fee is nonrefundable, because it is paid out to vendors by the end of March. Please see **Cancellation Policy** in the Registration Form.

*To be completed by parent/guardian*

#### Parent/Guardian Information

|  |   |
|--|---|
| Please list names and state relationship to youth participant. | Names (Last, First):                                      |
|  |   |
|  | Primary Home Address:                                     |
|  |   |
|  | Primary Mailing Address (if different from Home Address): |
|  |   |



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|  |   |           |
|--|---|-----------|
| <p><i>Please list all relevant numbers and which parent/guardian each number belongs to.</i></p> | <p>Phone No:</p>  | <p>H:</p> |
|  |   | <p>W:</p> |
|  |   | <p>M:</p> |
|  | <p>What is the best no. to reach you? (Please check all that apply):</p> <p><input type="checkbox"/> Home    <input type="checkbox"/> Work    <input type="checkbox"/> Mobile</p> |           |

|  |               |  |
|--|---------------|--|
| <p><i>Please list all relevant emails and which parent/guardian each email belongs to.</i></p> | <p>Email:</p> |  |
|--|---------------|--|

|   |                               |   |
|---|-------------------------------|---|
| <p><b>Youth Participant Information</b></p> |                               |   |
|   | <p>Name (Last, First):</p>    |   |
|   | <p>Gender (Please check):</p> | <p><input type="checkbox"/> M    <input type="checkbox"/> F</p> |
|   | <p>Age:</p>                   |   |
|   | <p>Birthday:</p>              | <p>____ / ____ / ____<br/>(month/day/year)</p>                  |

|   |   |   |
|---|---|---|
| <p><i>VES has a medical form in the registration package that allows for more detail.</i></p> | <p>Please list any dietary restrictions and/or allergies.</p> |   |
|   | <p>Does your child use any medications?</p>                   | <p><input type="checkbox"/> Y    <input type="checkbox"/> N</p> |



|  |  |  |
|--|--|--|
|  | If Y, please state:  |  |
|  |  |  |
|  | Please share important fact(s) about your child that VES should be aware of: |  |

**Submit Payment, £500: (2 options)**

**1) Bank Transfer**

**Account Name:** Valued Educational Services Limited

**Bank Name:** Bank of Scotland plc

**BIC:** BOFSGBS1SDP

**IBAN:** GB18 BOFS 8022 6024 6403 63

**2) Online Payment**

**Click link:** [VES Application Fee via PayPal](#)



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