

BOOKING FORM

Child's name

D.O.B AGE IN JULY 2009

.....

Postal address

.....

Telephone number

Email address

Emergency Contact

WEEK₁ (3rd- 7th Aug)
(10th- 14th Aug)

WEEK₂

Please delete as necessary

Morning Session £80 for 4-7 year olds

Afternoon Session £100 for 8-16 year
olds

Please inform us if your child has any
illnesses/allergies that we should be aware of
(if yes, please detail overleaf) Y / N

Do you give permission for your child to be
photographed (for possible inclusion on the
website, no names) Y / N

I enclose a cheque for £

Signed

NAME

and relation to child.....

Please see website for terms and conditions