**Booking Form**

The full fee must be received prior to the required start date.

**Refunds will not be made.**

Please indicate the specific days and the number of places required in the grid below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Summer Club** | **Option 1 (full week) 8am – 4.30pm** | **Option 1 (full week) 8am – 5.30pm** | **Option 2 (M,T,W) 8am – 4.30pm** | **Option 2 (M,T,W) 8am – 5.30pm** | **Option 3 (TH,F)** **8am – 4.30pm** | **Option 3 (TH,F)****8am – 5.30pm** |
| W/C Monday 06.7.20 |  |  |  |  |  |  |
| W/C Monday 13.7.20 |  |  |  |  |  |  |
| W/C Monday 20.7.20 |  |  |  |  |  |  |
| W/C Monday 27.7.20 |  |  |  |  |  |  |
| W/C Monday 3.8.20 |  |  |  |  |  |  |
| W/C Monday 10.8.20 |  |  |  |  |  |  |
| W/C Monday 17.8.20 |  |  |  |  |  |  |
|  | £  | £ | £ | £ | £ | £ |

**Booking amount to be paid in full either cheque or BACS payment before first day at club.**

**The balance will be invoiced 2 weeks BEFORE Chill Out Club begins.**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD(REN) Name:** | **Age** | **School** | **Class** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**PARENT:**

|  |
| --- |
|  |
|  |
| **Postcode** | **E-mail** |
|  | **(mobile)** |  |
|  |

**Name**

**Address**

**Tel**

**Signature**