

Easter Tennis Camps

BOOKING FORM

Child's full name					
Male / Female Ag	ge				
Parent/Guardian's conta	ct number				
Medical conditions / dis	abilities / allergies				
How did you hear about	the camp?				
Please indicate with a tid	ck the sessions that you wish you	ur child to att	end:		
Easter Tennis Camp 1	, Monday 10/4/17 to Thursday	13/04/17			
Cost for member: Cost for non-member		11 per day, 13 per day,	£37 for all 4 days. £45 for all 4 days.		
Day	Session 1 (9.30 – 12.00)	Session	2 (1.00 – 3.30)	All day	All 4 days
Monday Tuesday Wednesday Thursday					
Cost for member: Cost for non-member		11 per day, 13 per day,	£37 for all 4 days. £45 for all 4 days.		
Day	Session 1 (9.30 – 12.00)	Session	2 (1.00 – 3.30)	All day	All 4 days
Tuesday					
Wednesday					
Thursday					
Friday					
Plea	se note that if it rains, the 5-8	year olds wil	l play mini-tennis ir	ı the lower pa	vilion.
	Please make sure that 9-16 ye will continue outdoors				p
	Inappropriate behaviour or	r bullying of	any kind will NOT	be tolerated.	
Parent/Guardian's full n	ame				
Signed		Date _			