

HOLIDAY CLUB FEBRUARY 2017

Child's Name Form

Child's Name Form

I hereby give permission for my child/children to attend on the following day(s).

PLEASE WRITE YOUR CHILD'S NAME IN THE RELEVANT BOX BELOW, INDICATING IF YOU WOULD LIKE A FULL OR HALF DAY SESSION.

	HOLIDAY CLUB - UNDER 7 ONLY	<p align="center"><u>SPORTS COURSE</u> <u>BOOKINGS FOR</u> <u>CHILDREN AGED 5+ CAN</u> <u>ONLY BE MADE VIA THE</u> <u>TQ SPORTS WEBSITE:</u> <u>www.tqsports.co.uk</u></p>
DAY 1: 13.02.17		
DAY 2: 14.02.17		
DAY 3: 15.02.17		
DAY 4: 16.02.17		
DAY 5: 17.02.17		
DAY 6: 20.02.17		
DAY 7: 21.02.17		
DAY 8: 22.02.17		
DAY 9: 23.02.17		
DAY 10: 24.02.17		

Please provide two contact numbers in case of an emergency:

1 st contact name and relationship Telephone number	2 nd contact name and relationship Telephone number
---	---

Please provide details of any known allergies or medical conditions (e.g. Asthma, Hay fever etc.):

.....

Payment details:

I enclose a cheque / cash (DELETE AS APPLICABLE) for £

OR

I would like to be invoiced for £

OR

I have made an online payment for £ on (DATE) with the reference

Parent Name.....

Parent Signature Date