

Name(s) Age

..... Age

Address: (This is to ensure i can send you further correspondence)

.....

.....

Email:

I agree to my son/daughter taking part in the camp session(s) as indicated below, held at Leighton Buzzard Tennis Club.

Please sign _____ Parent / Guardian

SEND YOUR COMPLETED FORM TO:

ROSS NEARY
27 Bletchley Road
Newton Longville
Milton Keynes
Bucks MK170AE

Telephone number:

Emergency contact number:

Is there any medical information I should know about your child?

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Please tick: Week 1 Week 2 Week 3
 20th July – 24th July 27th July – 31st July 3rd Aug – 7th Aug

Day	<u>1st child</u>			Cost (£) Per day	<u>2nd child</u>			Cost (£) Per day
	<u>Wk 1</u>	<u>Wk 2</u>	<u>Wk 3</u>		<u>Wk 1</u>	<u>Wk 2</u>	<u>Wk 3</u>	
Mon				£12.50				£10.50
Tues				£12.50				£10.50
Wed				£12.50				£10.50
Thurs				£12.50				£10.50
Fri				£12.50				£10.50
Full week				£55 £11 per day				£45 £9 per day

Total	£
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Please make cheques payable to Ross Neary – Cash payments must be sent via recorded delivery