



## Foresteers Family Fun Sessions



### Booking Form

Please complete this form in BLOCK CAPITALS and return to Rohan Wilson 101 Don Avenue, S35 0BZ or email to [foresteers@gmail.com](mailto:foresteers@gmail.com) (*cheques made payable to Rohan Wilson*). Places will be allocated on a first come first served basis. Booking forms will not be accepted without payment. Incomplete booking forms will not be accepted.

***N.B. Please complete a separate booking form for each child.***

Name of Child .....

Date of birth .....

Please fill in the Parents details

|  |  |
|--|--|
| Parents Name                               |  |
| Address                                    |  |
| Email                                      |  |
| Mobile Number                              |  |
| Work Number                                |  |
| Child's Doctor<br>Address<br>Phone Number  |  |
| Child's Dentist<br>Address<br>Phone Number |  |

**Emergency Contacts** We require at least two alternatives to the parent contact details

| Name | Contact Number | Relationship to Child |
|------|----------------|-----------------------|
|      |                |                       |
|      |                |                       |

**Medical Information**

Please inform us of any relevant medical information e.g. allergies, dietary needs

.....  
.....  
.....

Please make sure any medicine is clearly labelled with a prescription label.

**I give permission for this child to receive urgent medical treatments Yes / No**

**I give permission for the above child to be included in promotional photographs which may be taken. Yes / No**

**I give permission for any quotes from the above child to be included in any promotional material. Yes / No**

I should like to book a place for my child on the following dates, please highlight the required session

|                    |                      |
|--------------------|----------------------|
| Date               | Morning<br>10am-12pm |
| Friday 9th August  |                      |
| Friday 23rd August |                      |

**I understand the cost to be:**

£5 per child.

I enclose a cheque (payable to Rohan Wilson) or cash for £.....

Please contact if you would like to transfer money electronically and I will provide my sort code and account number.

I have read and understand the booking conditions.

**Parent's Name .....** **Signature .....**

**Date.....**

**Any questions contact Rohan on 07835284996.**