



Name of child:

Age:

Date of birth:

Course wishing to attend:

Days wishing to attend:

Tel:

E-mail address:

Address:

Emergency contact:

Medical conditions:

*Please return all forms to:*

*Paul Jordan*

19 Binyon Way,

Royston, Hertfordshire SG8 5FS

Cheques should be made payable to: 'P. Jordan'