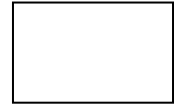


RETURN SLIP - OFFICE COPY



**Please complete and return this slip to the office together with your correct payment in a named envelope please by Wednesday 9<sup>th</sup> January 2019**

Clubs Application Form - January 2019

Name of Child \_\_\_\_\_ Class \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Contact Telephone No's  
\_\_\_\_\_

Please complete club details in the boxes below:-


I \*do/\*do not agree for my contact details to be shared with any external club provider for use in case of emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Please delete as appropriate.