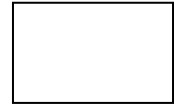


RETURN SLIP - OFFICE COPY



Please complete and return this slip to the office together with your correct payment in a named envelope please by Friday 12th October 2018.

Clubs Application Form November - December 2018

Name of Child _____ Class _____

Signed _____ Dated _____

Contact Telephone No's

Please complete club details in the boxes below:-

| |
|--|
| |
| |
| |
| |
| |

Signed _____ Date _____

*Please delete as appropriate.