

## Holiday Camp weeks until June 2012

- Week 1** Monday 13th to Friday 17th February (5 day)  
**Week 2** Monday 2nd to Thursday 5th April (4 day)  
**Week 3** Tuesday 10th to Friday 13th April (4 day)  
**Week 4** Monday 28th May to Friday 1st June (5 day)  
**Week 5** Tuesday 5th to Friday 8th June (4 day)

Tick for a full week, otherwise mark on the day with A for Afternoon, M for Morning, D for Day

Tick here if applying for Under 7s

	Full week	Mon	Tue	Wed	Thu	Fri
Week 1						
Week 2*						
Week 3*						
Week 4						
Week 5*						

\* These are 4-day weeks and the 4-day week price should be used if attending the full week.

### COST

<b>7 to 14 year olds</b>		<b>Under 7s (9-11am)</b>
5 day week	£85	£35
5 day am or pm	£46	
4 day week	£67	£28
4 day week am/pm only	£38	
Individual day	£20	£8
Individual am/pm	£11	

Early drop off and late pick up is available on request for an additional charge.

Members receive 10% discount on all prices.  
Please note, no refund will be given if you cancel your booking.

Places are allocated on first come first served basis.

Photocopies of this form are acceptable.

Terms and conditions are on our website and also included in the separate email booking form.

## HOLIDAY CAMPS' BOOKING FORM

PLEASE WRITE IN CAPITAL LETTERS

Name of parent/guardian \_\_\_\_\_

Name of child \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Email \_\_\_\_\_

Tel \_\_\_\_\_

Mobile \_\_\_\_\_

Does your child take any medication? Y/N \*

Does your child have any disabilities/special needs? Y/N \* (\* please circle relevant)

Any medical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tick this box if you do not wish pictures of your child to be included in the club's promotional advertising

*I understand that Brabyns and its employees are not under any liability in respect of personal injury unless neglect can be shown. In event that my son/daughter is injured whilst participating at Brabyns and I cannot be contacted on the above numbers, I hereby give my consent for my child to receive medical attention.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

I enclose a fee of £ . Cheques payable to KATC.

Confirmation of booking will be made via email or mailed if a SAE is enclosed.

Please mail cheques to  
KATC, 15 New Ridd Rise, Hyde, Cheshire SK14 5DD



**BRABYNS**   
**TENNIS CLUB**  
[www.brabynstennis.co.uk](http://www.brabynstennis.co.uk)