



NAME OF CHILD:

AGE:

GENDER: M F NON-BINARY

NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN TEL. NO:

PARENT/GUARDIAN EMAIL ADDRESS:

DETAILS OF ANY ALLERGIES/MEDICATION

PLEASE INDICATE DAYS OF ATTENDANCE:

ARE YOU AN FCC MEMBER?

TUE 28 MAY

YES

WED 29 MAY

NO

NB: IN THE EVENT OF RAIN,, THU 30 MAY WILL BE USED AS A RESERVE DAY

PAYMENT:

1 DAY = £25 MEMBERS / £30 NON-MEMBERS

BOTH DAYS = £50 FCC MEMBERS / £60 NON-MEMBERS

PLEASE TRANSFER APPROPRIATE PAYMENT TO:

A STEPHENS

20-97-74

33824012

PHOTOS AND VIDEOS OF THE COACHING MAY BE TAKEN. IF YOU DO NOT WANT YOUR CHILD TO FEATURE, PLEASE TICK THIS BOX.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: **ALEX STEPHENS / 07984225492 / ALMAST2004@GMAIL.COM**