



NAME OF CHILD:					
AGE:	GENDER: N	M F	NON-	BINARY	
NAME OF PARENT/GUARDIAN	:				
PARENT/GUARDIAN TEL. NO:					
PARENT/GUARDIAN EMAIL ADDRESS:					
DETAILS OF ANY ALLERGIES/I	MEDICATION				
PLEASE INDICATE DAYS OF A	TTENDANCE:	ARE	YOU AN FC	С МЕМВЕГ	٦?
WED 28 MAY		YES			
THU 29 MAY NB: IN THE EVENT OF RAIN, FRI 30 MAY WILL BE US	ED AS A RESERVE DAY	NO			
PAYMENT: 1 DAY = £25 MEMBERS / £30 N	ION-MEMBEI	RS			

H METTERS

04-00-04

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

PLEASE TRANSFER APPROPRIATE PAYMENT TO: