

Summer Term 2010 Booking Form

Please write clearly in BLOCK CAPITALS

Name

DOB

Address

Postcode

Email Address
Please print clearly

Phone Number

Emergency Contact Number

Medical Details (including allergies)

Playing Experience

COURSE DETAILS

Venue _____

Day(s) _____ Time _____

Parental consent (please tick)

- I give my consent for the administration of basic first aid and treatment by coaches
- I give my consent for my child to be taken to hospital in an emergency
- I give consent for any photo's taken to be used in any future advertising
- I give my consent for the administration of any medical treatment in the event that I cannot be contacted

I enclose a cheque for £ _____ payable to AD tennis

For card payments please call the office on **01932 588016**

Signed _____

Confirmation is not sent. If you require email confirmation please tick here

To book a place please complete the booking form and return to:

**AD tennis,
Reed's School,
Sandy Lane, Cobham,
Surrey KT11 2ES**