

SUMMER COURSE BOOKING FORM 2009

Please return this form when completed to : Mr K M Farrant, Chigwell Mitre Enterprises Ltd., Chigwell School, High Road, Chigwell Essex. IG7 6QF

Family Name (Please Print)

First Names

Address

..... Post Code

Telephone (Home) (Work) Mobile

Date of Birth / / Male/Female

Age as at 1st September 2008 Years.....Months.....

Present School

Swimming Ability : Good Average Beginner (Please tick as appropriate)

WEEKS IN WHICH YOU WISH TO PARTICIPATE : Please tick the appropriate box/boxes for those weeks you wish to attend in the LETTERS appropriate to the Core Activity as given on the Summer Courses Booklet.

Week 1	3 rd to 7 th August	(tick)	Week 2	10 th to 14 th August	(tick)
Core choice			Core choice		
*Core choice			*Core choice		

*Core choice (**ONLY** for those who are keen to take part in 2 core activities rather than one **MAIN** core activity and a multi-sport activity during the second half of the day) and then it will only be possible if numbers allow it.

CRECHE (if required)

Week 1	a.m.	(tick)	Week 2	a.m.	(tick)
	p.m.	(tick)		p.m.	(tick)

I have **read, understood and accepted** the conditions set out herewith and enclose a cheque for the amount of (made payable to '*Chigwell Mitre Enterprises*):

Course Fee £

Creche £ (am/pm/per week) [delete as necessary]

Total : £

Signed

Date