

Booking form for Saturday Club Term 3

Name of Child: _____ Age of Child: _____

Parent/Carer:	Address:	
	Postcode:	
Email Address		
Telephone No. (Home)	(Mobile)	
•	30am-1pm, at a cost of £10 per child. ase ensure you provide your child with a health s)	y packed lunch and a
days. You will be advised via text o	ike. Ticking the days does not mean you automoremail which days you have been allocated. CS in advance, once your dates have been co	
Bath Area Play Project		

 $Please\ can\ you\ email\ me\ your\ proof\ of\ payment\ at\ \underline{saturdayclub@bathareaplayproject.co.uk}$

Dates	Please indicate which days you would
	like
29 Feb 2020	
7 March 2020	
14 March 2020	
21 March 2020	
28 March 2020	
3 April 2020	

Sort Code: 20-05-06 Account No: 43485692