



BOOKING FORM

Name: _____

Age: _____ DOB: _____

Address:

Post Code: _____

Tel No: _____

Emergency Tel No _____

Does your child suffer from any disabilities that should be brought to our attention? If yes please give details

I wish for my son/daughter to attend the following courses (insert course/s code) _____

I enclose a *Cheque/Postal Order/ Cash for £_____ representing the full course(s) fee.

Signed: _____ Parent/Guardian.

*All cheques postal orders should be made payable to Premier Racquets & Fitness

Please return your booking form & course fee to Premier Racquets & Fitness, Ringstead Road, Sedgeford, PE36 5NQ.