

BOOKING FORM

Name			
D.O.B.		Woking Gymnastics Club Member (please tick)	Yes No
Email			
Address			
Telephone number			
Any relevant medical information			
I give permission for photographs to be taken of my child for use on the club website, notice board or in newspapers			

Please tick the sessions you would like to attend

Intro to gymnastics 11.00-12.30	
Thursday 27 th December	
Friday 28 th December	
Thursday 3 rd January	
Friday 4 th January	
Skill Progression 11.00-13.30	
Thursday 27 th December	
Friday 28 th December	
Thursday 3 rd January	
Friday 4 th January	

I give permission for my son/daughter to attend the above sessions and enclose payment of:	£
Signed (parent or guardian)	Date