

EASTER TENNIS CAMP BOOKING FORM

Please complete the form below and return with payment to:

Sam Lees Tennis, 18 Church Rd, Rhos on Sea, Conwy, LL284DJ

Cheques made payable to 'Sam Lees'

Childs NameAge.....

Medical Conditions.....

please tick

| | |
|--------------------------|--------------------------|
| Tues (3rd) | <input type="checkbox"/> |
| Weds (4 th) | <input type="checkbox"/> |
| Thurs (5 th) | <input type="checkbox"/> |

Camp cost.....

Childs NameAge.....

Medical Conditions.....

please tick

| | |
|--------------------------|--------------------------|
| Tues (3rd) | <input type="checkbox"/> |
| Weds (4 th) | <input type="checkbox"/> |
| Thurs (5 th) | <input type="checkbox"/> |

Camp cost.....

Address.....

Post Code.....

Emergency Contact Number.....

Email Address.....