

UNIVERSAL BOOKING FORM

I wish to book a place for the

Course name \_\_\_\_\_

Date of course \_\_\_\_\_

Name of child .....

Date of birth ...../...../ ..... Age on 1<sup>st</sup> day of course.....

**Email address** .....

Address

.....

.....

Town/County ..... Post Code .....

Telephone No.....

Emergency No .....

School attended .....

Medical conditions (including recent injuries)

.....

.....

Doctors name, address, tel no

.....

.....

I enclose course fee of £.....

Signed .....Please print name .....

Date ...../...../.....

Please make cheques payable to activ-8-sports and send with completed form to:-  
Activ-8-sports, 7 Garland Way, West Totton, Southampton, SO40 8XU.

Web: [www.activ8sports.co.uk](http://www.activ8sports.co.uk)

Tel: 07932 632013 for more information