

SUMMER SCHOOL 2016 APPLICATION FORM

	77	
Child's Name	Da	te of Birth
Medical Conditions / Allergies (i	f applicable)	
Parent / Guardian Name		
Address		
Email		
Home Telephone	Mc	bile
F	Please select payme	ent method:
₩ BAC	CS 🔀 CASH	CHEQUE
	Please select tota	amount:
Early bird offer <u>k</u>	5.00 <u>nefore</u> 30 th June	£150.00 Full amount <u>after</u> 30 th June
*	*10% discount availa	ble for siblings**
	ort code 536124 acc se email form to <u>su</u>	ount number 64297454 san@thectc.co.uk
	OR	
-		ne CTC' please deliver/post to Road, Ipswich, IP3 8TH
Tick box to agree	to terms and condi	ions as stated on our website
Signed (Parent /	Guardian)	Date