Holiday Course Booking Form



Please complete form in BLOCK CAPITALS

Course Details			
Course Name			
Course Date			
Contact Details		And of Children	
Child Name		Age of Child at time of course	
Parent/Guardian Name			
Address			
Telephone Number			
Email Address			
Emergency Contact Details			
(name & telephone number)			
Previous Attendance			
Please tick this box if your child/children has/have previously attended the course.			
Please tick this dox if you	ur child/children has/have previously at	tended the course.	
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Sibling Discount			
Sibling discount of 10% is available for siblings who are attending the same course; the discount applies to the second child only. Places are limited on a first come first served basis.			
Medical Information			
Please state below if your child suffers from any relevant medical conditions or allergies or if medication is currently being taken:			
In the unlikely event of an emergency arising in which it is impossible to contact you, will you sign the below to give the school permission to act on your behalf?			
Signature	Print Name	Date	
Payment - Full nayment w	equired with booking form		
Payment – Full payment required with booking form.			
Methods of payment: Cheque only Please make cheques payable to 'The Harpur Trust' and send with booking form to:			
Bedford School Enterprises			
The Bursary			
10, Glebe Road			
Bedford			
MK40 2PL	ase ring Bedford School Enterprises	(01224) 242210	
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