



Twilight Club Booking Form

Name(s):..... Class:.....

Week Beg	Mon		Tues		Wed		Thurs		Friday		Total sessions	
	am	pm	am	pm	am	pm	am	pm	am	pm		
	am	pm	am	pm	am	pm	am	pm	am	pm		
	am	pm	am	pm	am	pm	am	pm	am	pm		
	am	pm	am	pm	am	pm	am	pm	am	pm		
	am	pm	am	pm	am	pm	am	pm	am	pm		

Please circle sessions required

Thank you for your remittance of £.....

Date:.....

Signed:..... Manager/Play worker

PAYMENT MUST BE MADE IN ADVANCE

BOOKED PLACES WILL BE CHARGED IF NOT ATTENDED OR CANCELLED GIVING THE REQUIRED NOTICE



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