

## **Wallace Fields Junior School Tennis Club**

If you'd like to book, please fill in the below form and send to <a href="mailto:enquiries@tennisbull.co.uk">enquiries@tennisbull.co.uk</a>
Min. of 8 children to run a session. Ratio is 20:1 with an assistant coach if needed.

## Half-Term Monday 27th May to Friday 31st May

| DAY    | DATES   | TIME            | AGE          | COST               |
|--------|---|-----------------|--------------|--------------------|
| Monday | 15 <sup>th</sup> April — 8 <sup>th</sup><br>July<br>(NO CLUB 29 <sup>th</sup> May)<br>(BANK HOLS 6 <sup>th</sup> May) | 7.45am – 8.40am | Year 3/4/5/6 | £105 (10<br>weeks) |

| Player Name                           | ::Schoo  | School Year:                                 |  |  |
|---------------------------------------|--|--|--|--|
| Tel No:                               | (Day) Tel No:  | (Emergency)                                  |  |  |
| Medical Conditions:                   | Medication:  |  |  |  |
| Contact Name:                         | Email:   |  |  |  |
|                                       | etitors will receive a TennisBull certificate on com<br>ard their perseverance, hard work and dedication   |  |  |  |
| games etc) or School Hall (if availab | classroom (if available) where tennis relative acti-<br>ble). <b>Tennis club will not be cancelled due to v</b><br>bottoms, woolly hats and gloves in winter, shorts                 | weather. Please wear appropriate             |  |  |
| knowledge and will ensure that I co   | have read and understood this form, completed omply with the information set out. By signing the cen of my child/ren during the course to be used of promotional/marketing purposes. | e below, I DO give permission for            |  |  |
| If you have any questions, please o   | do not hesitate to email Alex Bull at enquiries@t  | <u>ennisbull.co.uk</u> or <b>07984717251</b> |  |  |
| Signature of Parent/Guardian:         | :D   | ∂ate:  |  |  |

