



SUMMER SCHOOL 2011

Application Form

Child's Name: _____

Date of Birth: _____

Previous experience: _____

Address (inc Post Code): _____

Home Telephone No: _____

Emergency Telephone No: _____

Mobile Telephone No: _____

I/We enclose a deposit of £_____ /full payment of £_____ with this application and would like to book the above named child on the following*:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Infant Course (3-6 years) |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Junior/Senior Course (7-18 years) |
| <input type="checkbox"/> Week 3 | *Please tick as appropriate |

Additional tickets may be available for the trips at an additional cost. Please tick the box if you would be interested in purchasing additional tickets.

CPA reserve the right to alter the content of any course.
All Deposits paid are non refundable unless the course is cancelled by CPA.

Signed (Parent/Guardian) _____

For Office Use Only

Deposit £ _____ Date _____

Balance £ _____ Date _____