

Booking Form

Activity	Date	Time	Cost	Total

Full Name.....**Membership Number**.....

D.O.B......

Address.....

Home Phone Number.....

Mobile Phone Number.....

Email Address.....

Medical information you feel we need to know.....

I ENCLOSE A CHEQUE/CASH FOR £..... MADE PAYABLE TO **F.S.S.M Ltd or G.E. GOALS Ltd**
 I also give consent that first aid treatment can be administered if need to my child during the course.

SIGNATURE PARENT/GUARDIAN.....

PRINT NAME.....

ELSC FEBRUARY2012 COURSES,
ERIC LIDDELL SPORTS CENTRE,
c/o ELTHAM COLLEGE,
MOTTINGHAM LANE,
MOTTINGHAM,
LONDON,
SE9 4QF