



SBS Breakfast Club: Registration Form

Name:		Class:			
Emergency contact details: 1. 2.					
Any medical needs:			Any other needs:		
Any known food allergies:					
Booking details: Please tick the days you would like.					
Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>
8th January		9th Jan		10th Jan	
15th Jan		16th Jan		17th Jan	
22nd Jan		23rd Jan		24th Jan	
29th Jan		30th Jan		31st Jan	
5th February		6th Feb		7th Feb	

I enclose payment for ____ sessions @ £4.00 per session TOTAL £ ____

I will pay online for ____ sessions @ £4.00 per session TOTAL £ ____

Signed

Date