

**Booking Form**  
**Please complete in block capitals**

Name:		Junior's Parent Name (if applicable):	
Address:		E-mail	
		Tel Home	
		Tel Mobile	
		Date of Birth:	
Postcode:		Playing Standard:	
<p>I would like to enrol on the following Squash Event:  Please tick in the box beside your chosen event/events and indicate your chosen dates where applicable</p>			
Event:	Please tick	Please write the dates you are enrolling for in the box beside your chosen event	
Junior Camp	<input type="checkbox"/>		
Adult Course	<input type="checkbox"/>		
Total amount enclosed: £			
PLEASE MAKE CHEQUES PAYABLE TO 'FRANKLAND SQUASH MATTERS LTD.'			
Please advise of any medication or food allergies that we will need to be aware of. (please continue on the back of this form if needed)			
I ( <i>parent/guardian</i> ) consent to Frankland Squash Matters Ltd. photographing or videoing my child's involvement in the Squash Camp for the purposes of publicising and promoting the course or as a coaching aid.			
Signed (Parent / Guardian):			

PLEASE MAKE CHEQUES PAYABLE TO 'FRANKLAND SQUASH MATTERS LTD.'  
SEND THIS APPLICATION FORM ALONG WITH YOUR PAYMENT TO FRANKLAND  
SQUASH MATTERS LTD. 5 Sanger Drive,  
Send, SURREY, GU23 7EB