

**The Phoenix Club**

**Child/children’s name ……………………………………………………………..**

**Class ……………………………………………………………..**

**Parent/carer name ……………………………………………………………….**

**Contact No. ……………………………………………………………….**

**Email ………………………………………………………………..**

**I would like to book the following sessions:**

 Monday Tuesday Wednesday Thursday Friday

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| am | pm | am | pm | am | pm | am | pm | am | pm |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |