St Georges ASC Booking Form

Name: ............................................................................. Age: ……………………… Class: ..............................

Address: ........................................................................................................................................................

Parent(s) contact No: .......................................................................................................................

Email: ....................................................................................................................................................

Any medical conditions: ...................................................................................................................

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Please tick this box if you would like the same day/s every week

If you require specific dates please book by writing the dates under the relevant days.

\*Any queries please contact-Mandy Sheaf: 07929890757 mandy.sheaf@outlook.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Latest pick up 5pm - £8 (£10 ad hoc)

Late fees apply - £5 for the first 10 mins (5.01 – 5.10) £1 for every minute thereafter

Please note that payment is required in advance. Payment can be arranged by bank transfer.

I consent to a general anaesthetic/medical treatment being administered if necessary.

St Georges ASC cannot accept any responsibility for any personal injury or for any damage or loss to clothing, footwear or any personal belongings.

Signed: .............................................................................................. Date: .............................................