

WOODYS
HOLIDAY BOOKING FORM
01604 660794/07590 068114
or visit - www.woodysosc.co.uk

JUNE HALF TERM

CHILDS NAME..... DOB..... Age.....
CHILDS NAME..... DOB..... Age.....
Parents Name..... 2nd Contact.....
Address..... Post-
code.....
..... Email.....
Home No.....
Work No.....
Mobile..... Emergency contact No.....

MEDICATION.

Does your child need to take regular medication whilst at the club?.....
If yes, please contact Sharron Jellis 01604 660794. Name of Medication.....

YOU MUST COMPLETE A MEDICATION FORM ON ARRIVAL

PAYMENT (A minimum £10.00 deposit must be paid with this form.)

Deposit paid £..... Method..... Cheque Number (if applicable).....
or
Full payment of £..... Method..... Cheque Number (If applicable).....

TERMS & CONDITIONS.

A minimum deposit of £10.00 per child is required with this form.
There is a 14 days cancellation period to receive a full refund. This excluded deposit as this is non refund-
able

I confirm that I have read and understood the terms and conditions of booking with Woody's on both this
form and Information Booklet.

Signed..... Date.....

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WEEK 1

Day	Date	Full Day £20.50	Sibling £18.50	Half Day £11.50	Breakfast £1.00	Packed Lunch £2.50
Monday	BANK	HOLIDAY	CLOSED	CLOSED	CLOSED	CLOSED
Tuesday	01.06.10					
Wed'day	02.06.10					
Thursday	03.06.10					
Friday	04.06.10					



THANK YOU