**SSAS SCHOOL YOGA CLUB**

**REGISTRATION/BOOKING FORM**

CHILD’S FULL NAME:……………………………………………..

YEAR: …………………

CLASS: ………………..

ADDRESS: ……………………………………………………………

……………………………………………………………………………

…………………………………………………………………………..

POSTCODE: …………………………….

CONTACT NAME & NUMBER: …………………………………………….

……………………………………………………………………………………..

EMERGENCY NAME & NUMBER:…………………………………………..

……………………………………………………………………………………….

MEDICAL CONCERNS/ALLERGIES:………………………………………………………………………………………

……………………………………………………………………………………………………………………………………….

EMAIL: ……………………………………..

I wish to register ……………………………………….(Child’s name) for the school yoga club for ………weeks from ……….. to ………………... I have made the appropriate payment by bank transfer to Susan Wegenek (bank details below)\*

PARENT/GUARDIAN: NAME:………………………….SIGNED:………………………………………….DATE:………….

BANK DETAILS FOR TRANSFER:
SUSAN WEGENEK

CO-OPERATIVE BANK

SORT CODE: 08-93-00

ACCOUNT NUMBER: 72341331

\*Booking is subject to availability of school hall and minimum numbers. Maximum number of places is 15. No refunds given for non- attendance and bookings are made on a “block-booking” place.