

Chiswick Holiday Courses

Booking Form

One page for each child please. Return to: Chiswick Holiday Courses, 563 Chiswick High Rd, London W4 3AY. You will then receive a receipt and further details.

Enquiries: Tel 020 8742 3936 Fax 020 8995 3991 or e-mail enq@chiswickcourses.co.uk

Child's details

First Name _____ Surname _____

Male/Female _____ Date of birth _____ Age _____

Address _____

Postcode _____ School _____

Parent's/Guardian's Name _____ Telephone Home _____

Tel Work _____ Mobile _____ e-mail _____

Have you attended before YES/NO How did you hear of us? mailing/friend/school/other _____

Name and telephone of your child's doctor _____

Details of any medical conditions of which we should be aware _____

Any other relevant information/comments _____

Course details (please check for availability if within 6 weeks of start date)

Course _____ Week No. _____ Cost £ _____
Summer only

Course _____ Week No. _____ Cost £ _____
Summer only

Course _____ Week No. _____ Cost £ _____
Summer only

EXTENDED DAY

Full board £ _____ Half board am or pm £ _____

Indiv sessions (please specify in boxes) £ _____

MON am or pm TUES am or pm

WED am or pm THURS am or pm

Total Cost £ _____

PAYMENT DETAILS: I enclose a cheque for £ _____ made payable to Chiswick Holiday Courses.

CREDIT CARDS: I authorise you to debit my Visa/Switch/Mastercard card for £ _____

Card No _____

Expiry date ____ Security code ____ Switch issue no ____

Switch start date _____ Signature _____

Tick here if you do not wish us to pass on your details to other course participants