



Office Use Or	nly:	
Payment Rec	eived: $\Box$	]
Amount: £ Date:		
Term: 1&2	3&4	 5&6

## WALLINGFORD SCHOOL COMMUNITY SPORTS & ACTIVITIES LEISURE CENTRE BOOKING FORM

Activity/Club:	Term:	1&2	3&4	5&6		
Athletics Club Only –Tick if you DO NOT give permission for your child	d to be taken off th	ne school <sub>l</sub>	premises as	s part of tl	ne activit	ty provided.
Child's Name:	DOB:			Tutor: _		
Address:						
Town:Post Code:						
Parent/Guardian Name:		-				
Phone Number 1: Phone No	umber 2:					
Parent Email Address (Please fill in capital letters):						
Please state any medical conditions:  I understand that all reasonable care will be taken to ensure I am aware that 'Merchant Taylor Trust' insurance does not group, or loss/damage to personal property.  □ Please only tick this box if you DO NOT want any photog	the safety of the cover personal	hose in t acciden	the group t or injur	o. ry to mei	mbers	— of the
Signed Parent / Guardian	Date:				-	
CHEQUE MADE PAYABLE TO MERCHANT TAYLORS OXFORDS Please hand the payment and form to the coach, leisure cen name and club.				labelled	d with y	our/
Email: <u>leisure-centre@wallingfordschool.com</u>						
This is a receipt of payment for						
Payment of: £ was received by Wallingford S	chool on the _					
Leisure Centre Staff Name:	Signature:					

