**Team Westgate October Half-Term 2020 Training Camp**

Dear Parent/Player

I am pleased to announce the following dates for this year’s October Half-Term Training Camp.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Times** | **Activities** | **Daily Cost** | **Both Days** |
| Thursday 29th October | 10:00am – 4:00pm | Badminton | £30 | £50 |
| Friday 30th October  | 10:00am – 4:00pm | Badminton | £30 |

If more than one sibling wishes to attend, each additional child receives an extra 10% discount. Should you wish to drop-off or collect your child outside of these times (before 9:45am or after 4:15pm) there is an additional charge payable at the point of booking. Please inform me if you require this service. This is charged at £5 per half hour per child.

If you would like your child/ren to attend, please complete the application form attached and return it either by email, post or by hand to me at the Westgate Badminton Centre. Payment can be made either by direct transfer (details below), cheque (payable to ‘Westgate Badminton Centre’), debit/credit card or cash**. Please note that your child’s place on the course is not guaranteed until full payment has been made and please reference all online payments with your child’s FULL name.**

Name: Westgate Badminton Centre

Sort code: 55-81-26

Account no.: 80369383

We look forward to seeing you at half-term!

R Peters

Richard Peters

Westgate Badminton Centre Manager

Hampshire Development Manager

**Team Westgate October Half-Term 2020 Training Camp**

**APPLICATION FORM**

Please indicate in the table below which day or days your child/ren would like to attend.

|  |  |
| --- | --- |
| **Dates** | **Please place a ✓ in this column** |
| Thursday 29th October |  |
| Friday 30th October  |  |

|  |  |
| --- | --- |
| Child’s Name: | Date of birth: |

|  |
| --- |
| Address: |

|  |
| --- |
| Email:  |

|  |  |
| --- | --- |
| Telephone 1: | Telephone 2: |

|  |
| --- |
| Medical conditions (continue overleaf if necessary): |

Signed (parent/carer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I DO NOT give my consent for my child to be photographed during the training camp and be used for any marketing/publicity deemed appropriate by Westgate Badminton Centre (please tick the box)*** 