

# EASTER TRY-SPORT CAMPS

**Tuesday 8, Wednesday 9 and Thursday 10 April 2025**

Qualified coaches will deliver fun camps using drills, games and match play across a variety of racket sports including badminton, tennis, squash, racketball, table tennis and touch tennis.

| Member/Non-Member | Cost |
|-------------------|------|
| Ebbisham Members  | £33  |
| Non-Members       | £36  |

**10% sibling discount will be applied to one booking when two siblings are registered on the same day.**

- The camp starts at 9.00am and ends at 3.00pm.
- Juniors will be split into 3 age groups 7-9, 10-11 and 12-14. The children will rotate round in their age groups.
- Sociable 'chill-out time' during lunch break after which the children will then choose to play their favourite sports until home time.
- Children will need a packed lunch (**NO NUTS PLEASE**), optional snacks and a drinks bottle, although they can buy drinks/snacks at the Bar if you supply them with pocket money.

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- A Frequently Asked Questions document is available on request at time of booking.
  - Payment should be made in advance - by credit/debit card or bank transfer.
  - For more information on the Club, please see [www.ebbishamsportsclub.com](http://www.ebbishamsportsclub.com) or our Facebook page @EbbishamSportsClub
  - If you would like your child(ren) to take part our Try-Sport Camp, please turn over to complete the form and return it to the Club Office/Bar with payment or book/pay via the Club Office.

If you have any queries please contact Alison (Office) on 01372-720647 or via [admin@ebbishamsportsclub.com](mailto:admin@ebbishamsportsclub.com).

**PLEASE TURN OVER TO COMPLETE THE REGISTRATION FORM  
& CAMP DATE SELECTION**

# TRY-SPORT REGISTRATION FORM

## Child's Details

|   |                              |
|---|------------------------------|
| First name:   | Surname:                     |
| Date of birth:  | Age:                         |
| School:   | Where did you hear about us? |
| Member or Non-Member (please tick)    Member <input type="checkbox"/> Non-Member <input type="checkbox"/>   |                              |
| <b>About your child/ Medical Information</b><br>Please detail any additional/special needs/ medical needs your child has: (please provide full details) |                              |

## Parent/Guardian details

|                |                |              |
|----------------|----------------|--------------|
| Title:         | First name:    | Surname      |
| Home Address:  |                |              |
| Home number:   | Mobile number: | Work number: |
| Email address: |                |              |

## Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

|          |                   |                            |
|----------|-------------------|----------------------------|
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |
| Name:    | Telephone number: | Mobile number:             |
| Address: |                   | Relationship to the child: |

Please **TICK** the date(s) you would like to book below:

| DATE              | ✓ |
|-------------------|---|
| TUESDAY 8 APRIL   |   |
| WEDNESDAY 9 APRIL |   |
| THURSDAY 10 APRIL |   |

- ☐ Tick here to **give consent** for your child/children attending this Camp to be **photographed/filmed** for our website/Facebook pages only.
- ☐ I confirm I wish to make payment by bank transfer using reference 'TrySport & child's surname'

BANK DETAILS:  
Ebbisham Sports Club  
Sort Code: 09-01-54  
Account No: 37561089

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_