

EASTER TRY-SPORT CAMPS

Tuesday 9 & Wednesday 10 April 2024

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	£32
Non-Members	£35

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 3.30pm.
- 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 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 Emma (Office) on 01372-720647 or via 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"/>	
About your child/ Medical Information 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 9 APRIL	
WEDNESDAY 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: _____