



@ ST SWITHUN WELLS CATHOLIC PRIMARY SCHOOL

# HALF-TERM DODGEBALL & MULTI-SPORT FUNDAYS!

FOR CHILDREN AGED 5 - 12 YEARS OLD



SSW

## EASTER

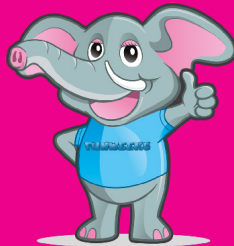
MON 6TH - THURS  
9TH APRIL 2020

TUES 14TH - FRI  
17TH APRIL 2020



## MAY HALF TERM

TUES 26TH - FRI  
29TH MAY 2020



St Swithun Wells'  
Catholic Primary School  
Hunters Hill  
South Ruislip  
Middlesex  
HA4 9HS

## COST

SINGLE DAY = £15

FULL WEEK = £50

07796 681214  
INFO@FUNWEEKS.CO.UK  
WWW.FUNWEEKS.CO.UK



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BOOK  
ONLINE TODAY!



**07585024329**

**WWW.FUNWEEKS.CO.UK    INFO@FUNWEEKS.CO.UK**

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To secure your booking on this exciting sporting initiative you must cut out the booking form below and hand in along with payment to **the school office**. Alternatively you can confirm your place by booking online at [www.funweeks.co.uk](http://www.funweeks.co.uk)

Please make sure your child brings a packed lunch, drinks, and suitable clothing and footwear for the field, playground and hall. For Funweek courses to run there needs to be a minimum of 12 participants. Only parents who have handed in forms or booked online will be informed if a cancellation is necessary.



Child's Name:	Age:	School:
Address:		Contact name:
Contact number(s) 1:	2:	
Learning/Physical Disabilities:		Medical Conditions:
Email*		
My Child can walk home alone (Circle)	Yes No	I wish to Request 10% Sibling Discount (tick box)
Days Attending (please state)		
I enclose payment in the form of: (Circle) <b>Cash</b> <b>Payment made online</b>		

**TERMS AND CONDITIONS:**

All forms must be completed in full. No refunds will be given. Credit notes will be issued on receipt of a written request. Funweeks do not accept responsibility for any loss or damage to property. Upon receipt of booking form/payment your child will be allocated a place on the courses, no conformation e-mail will be sent.

**HEALTH AND SAFETY/CHILD PROTECTION DECLARATION OF PARENT OR GUARDIAN:**

I wish for my child to be accepted on the course booked and I agree to the terms and conditions above and confirm that any medical condition that may affect my child's participation on the course is fully disclosed above. I also agree to allow Funweeks staff to administer first aid and transfer my child to hospital should an emergency arise.

Name.....Date.....Signature.....

Funweeks may take photographs to use for social media purposes. If you do not wish for your child to be photographed, please tick this box.

\*To comply with the Data Protection Act, we must have your permission to use your e-mail address for marketing purposes. Therefore, if you do not wish to receive information regarding Funweeks via e-mail, please tick this box.