

BOOKING FORM

Where possible please click on this [Link](#) to complete the survey and select your Activities. If you do not have internet access please detach and complete the form below.

| | |
|----------------------|--|
| Student Name: | |
| School: | |
| Year: | |
| Tutor group: | |

This form must be completed and returned to reception with a Parent/Carer signature, by Tuesday 8th June 2021

| | 1st Choice | 2nd Choice | 3rd Choice |
|-------------------------------------|-------------------|-------------------|-------------------|
| THURSDAY 15th July | | | |
| FRIDAY 16th July | | | |

Signed: _____ (Student)*

Signed: _____ (Parent/Carer)*

Print Name: _____

Date: _____

* by signing you are agreeing to the terms set out in the important parent/carer information sheet.