

RSM EASTER HOLIDAY CLUB 2018

Name of Child 1: _____ Form: _____

Name of Child 2: _____ Form: _____

Name of Child 3: _____ Form: _____

I would like the above named child/ren to attend Reigate St Mary's Holiday Club on the days selected below. I have included payment of £40 per day per child made payable to Reigate Grammar School.

Total number of days _____ Total of amount payable £_____

Signed _____ Date _____

April (Reception to Year 6)

Tuesday 03rd April - Fri 06th April 2018

	Tues 03	Weds 04	Thurs 05	Fri 06
Child 1				
Child 2				
Child 3				

Please note no refunds will be given for illness or change in circumstance on the day. Places are not transferrable.
Please return form to ctl@reigatestmarys.org or School Reception.

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