

# SPORTS CLUBS

Summer Term 2013

**Pleiades Leisure Ltd** has been invited to continue a multi-sports club and football club at Horsell Junior School. Our clubs are aimed at all abilities with the emphasis on building confidence and self-esteem in a friendly environment. Come along to learn new skills, make new friends and have lots of fun!!

Tuesday	Years	Time	Dates	Cost inc VAT
Gymnastics	3-6	7:50 - 8:45	Apr 16, 23, 30 May 7, 14, 21 Jun 11, 18, 25 Jul 2, 9, 16, 23	£65
Football	3-6	3:15 - 4:30	Apr 16, 23, 30 May 7, 14, 21 Jun 11, 18, 25 Jul 2, 9, 16, 23	£65
<b>Wednesday</b>				
Multi-sport	3-6	3:15 - 4:30	Apr 17, 24 May 1, 8, 15, 22 Jun 5, 12, 19, 26 Jul 3, 10, 17	£65

### Included in cost of course

- Coaching by experienced, technical coaches
- Award Cards
- World Cup Tournaments

### What to bring

- Appropriate clothing for the weather conditions
- A non-fizzy drink
- Trainers/Football boots
- Shinpads (football only)



### How to secure a place

Please supply completed application form and payment with cheques made payable to 'Pleiades Leisure Ltd' & post to:  
**Pleiades Leisure Ltd, PO Box 1432, Woking, GU21 9DE**

Spaces are limited and will be allocated on a first come first served basis.

### Payment options

**Payment options:** Either send a cheque for the full amount now or two cheques; 50% for now and a post dated cheque for the balance dated 1st June 2013.

**Cancellation Policy:** It is not our policy to issue refunds. In the event that a session is cancelled, by Pleiades Leisure Ltd, due to unforeseen circumstances we will endeavour to make up the missed session at a later date. If this is not possible then a credit note will be issued. Credit notes are valid for up to 1 year and can be redeemed against any Pleiades school club or holiday camp. Refunds and credit notes will not be issued for non-attendance.

## Summer Term 2013 – Application Form

Horsell

Tues

Wed

cash/cheque

Amount £

Child's Name: .....

D.O.B. ....

Address: .....

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Post Code: .....

Mobile: .....

Email: .....

Emergency Number: .....

Medical Conditions (please specify): .....

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I acknowledge & accept that the organisation providing these facilities and their respective servants, agents, or employees are under no liability whatsoever in respect of loss or damage of property occurring whilst my child is in attendance on the above course.

Signature Parent / Guardian .....