



OCTOBER HALF TERM MULTI-SKILLS CLUB!

Tennis
Football
Hockey

Dodgeball
Gym
Basketball
and lots
more!

EVENT:	Football & Multi-Skills – OCTOBER HALF TERM HOLIDAY CLUB
DATE:	MONDAY 27th & TUESDAY 28th of OCTOBER 2025
TIME:	9AM – 3PM (Collection from 2.55pm @ Main Gate)
COST:	£20.00 PER DAY or £40 for the 2 DAYS
FOR:	CHILDREN IN SCHOOL YEARS 1 – 6
VENUE:	CHARVILLE ACADEMY, BURY AVENUE, HAYES UB4 8LF

‘Dedicated to Inspire Achievement and Full Potential in Sport’

e: foundationprimarycoaching@outlook.com t: 07801 822555

FPC - TERMS & CONDITIONS

Places are limited and are allocated on a first come, first serve basis. FPC accepts no responsibility for loss or damage to property. Places will be allocated upon receipt of payment; no further confirmation will be sent. **No refunds are available.**

CHILD PROTECTION/HEALTH AND SAFETY – DECLARATION OF PARENT OR GUARDIAN

I wish for my child to be accepted on the above Holiday club and I agree to the terms and conditions above. I have disclosed any medical conditions/allergies that may affect my child's participation on the course. I give FPC permission to take photographs for future FPC publications and social media. I also allow FPC staff to administer first aid to my child if/when needed and transfer my child to hospital in an emergency.

*Data Protection: We may use your email for marketing purposes for future FPC events. If you do not wish to receive any information, please tick this box



BOOKING FORM – IMPORTANT INFORMATION **PLACES ARE LIMITED******

REF: CAOCT25

Please complete the booking form below via EMAIL to foundationprimarycoaching@outlook.com OR submit to the school PE Coordinator Mr Quinn ONLY not to the class teacher, by Friday 24th of October to secure your child's place. Please ensure your child wears appropriate clothing and footwear for both INDOOR AND OUTDOOR activities and brings a packed lunch and drinks.

Child's SURNAME: _____ CLASS: _____
 Child's FORENAME: _____ YEAR GROUP:
 HOME ADDRESS: _____ AGE:
 _____ POSTCODE:

MEDICAL CONDITIONS/ALLERGIES: _____ MOBILE No:

EMAIL:

DAYS / DATE ATTENDING: **BOTH** Days **OR** MONSDAY 27/10/25
 PLEASE TICK APPROPRIATE BOX(ES) TUESDAY 28/10/25

Preferred Payment: Bank Transfer payable to: Mr K Quinn. Ac: 28220137 Sort: 04-00-75 Ref: *Your child's name*
 Cash payments: Please submit to Mr Quinn ONLY

PAYMENT METHOD: Bank Transfer £ Cash Payment £

NAME OF PARENT: Mr/Mrs/Ms/Miss _____ SIGNED: _____ DATE: ____ / ____ / ____