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BREAKFAST CLUB BOOKING FORM

Autumn Term 2017: Second Half

Child's Name: _____

Class: _____

	Mon	Tues	Weds	Thurs	Fri	Total
w/c 30 th October 17	x					
w/c 6 th November 17						
w/c 13 th November 17						
w/c 20 th November 17						
w/c 27 th November 17						
w/c 4 th December 17						
w/c 11 th December 17						
					Total enclosed:	

Confirmation of booking:

Booking received by: _____
Signature

Date: _____