



HOLIDAY ACTIVITIES BOOKING FORM

Please complete a form for each child. Cash or cheque payments accepted.
Please make cheques payable to Malton Community Sports Centre.

Name of Child..... Age..... Date of Birth

Parent/Guardians Name..... Contact Number.....

Contact Address.....

Email.....

Course Start Date.....

Medical Information.....

Do you give permission for your child to be photographed for publicity material? **Y / N**

PLEASE READ THE FOLLOWING STATEMENTS

Data Protection Act 1998

All information supplied by you in connection with this application, both now and in the future, will be processed in confidence by MCSC for the purposes of promoting the provision of our services within the Centre and in the management and development of the Centre's services. We may use the e-mail address provided to inform you of upcoming events, if you would prefer us not to do so please tick here

If you have any queries about the processing of your data please contact Jay Rowley on 01653 605365.

Signed.....

Date.....