

ACTIVE COACHING BOOKING FORM

www.active-coaching.co.uk

If you wish to book any of the courses,
please print this form and fill it in before returning it to:

14 Harefield
East Leake
Loughborough
Leicestershire
LE12 6RE

Names of Parents:

Address:

Home & Emergency Telephone Number:

Details of any relevant medical conditions:

Please indicate which course(s) you wish to book for each child.

Child 1

Name: _____ Age: _____

Course(s): _____

Child 2

Name: _____ Age: _____

Course(s): _____

I enclose a cheque/cash for £ _____
(Cheques payable to **Active Coaching**)