



GRESWOLD BASKETBALL CLUB

Wednesday – YR 5/6

Dear Parents,

The After School Basketball Club will start this term on **Wednesday the 11th of September** for year 5 and 6 and run for **7 weeks**, with the last club date being **Wednesday the 23rd of October**. The club will start straight after school on the playground and finish at **4.20pm**. All children must have a water bottle and be in trainers and suitable sports clothing.

If you would like your child to take part, **please contact me first** (not the school office) **to ensure your child has a space, as there is a waiting list, and it is first come first serve every half term**. The total cost for this half term will be **£49**. Once you have received confirmation from me that your child has a place, could you then fill in the form online and return any cash payments to me in an envelope with your child's name on for the first session.

Please note that online payment is preferred. All payments are non-refundable and must be paid in full at the time of booking.

All forms are now completed online. Please click the link here

<https://forms.office.com/r/3v51W7gW7q>

Payment details:

11-10-78

00615268

Mrs R J Rowe

If you have any questions, please do not hesitate to contact myself on **07716690026**.

Yours sincerely,

Mrs Rowe

Greswold After School Basketball Club Wednesday – Year 5/6

Child's name: _____ class: _____

I give permission for my child to attend the Basketball club from the **11th of September** to the **23rd of October**. Please tick which payment option and return any cash payments to me in an envelope, marked "Basketball Club" with your child's name on it. Payments must be made at the time of booking. Thank you. All forms are now completed online. Please click the link here <https://forms.office.com/r/3v51W7gW7q>

Cash Payment of £49 ☐ +£24.50 for sibling = £73.50 ☐

Online Payment of £49 ☐ +£24.50 for sibling = £73.50 ☐
(Preferred)

Does your child have any medical conditions we should know about?

Contact number in case of emergencies: _____

My child will be collected by: _____



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Signed (parent/guardian): _____

Date: _____