PCYC GLEBE/LEICHHARDT - SUMMER SCHOOL HOLIDAY CHEERLEADING

EMAIL TO glebeleichhardt@pcycnsw.org.au

| Childs name/s | DOB | Medical Conditions | PCYC Member (Yes or No) | | | |
|--|-----|--------------------|-------------------------|--|--|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Responsible Person Details (Parent or Guardian) | | | | | | |
| Name | | Phone | | | | |
| Email | | | | | | |
| Address | | | | | | |
| Do you give permission for PCYC to contact 000 if case of an emergency Yes or No (Circle) | | | | | | |

Pricing 3:30-6pm = \$20, **9-3pm** = \$45 or **Full Week (4 sessions)** = \$90 Bring a friend and both get \$20 off

Please place your Child/s number from above (1,2,3 or 4) in the boxes below to book

| MON 18/1 | WED 20/1 | FRI 22/1 | SAT 23/1 |
|--------------|--------------|--------------|--------------|
| 3:30-6:30pm | 3:30-6:30pm | 3:30-6:30pm | 9 to 3pm |
| Cheerleading | Cheerleading | Cheerleading | Cheerleading |

| | ☐ I understand if a child is not a PCYC Member, I will be charged a \$10 PCYC annual youth membership fee per child to participate in the school holiday program | | | | |
|---|---|-----------|--|--|--|
| | ☐ I authorise PCYC to charge my credit card \$ | | | | |
| | Friends Name | | | | |
| PAYMENT DETAILS (required if booking via email) | | | | | |
| CAR | D# | | | | |
| Nam | e on Card | Signature | | | |
| Expi | ry | CVC# | | | |

You will receive an email confirmation once your booking has been processed

| Office Use only | | | | | |
|-----------------|------|----------|-------|--|--|
| Total paid | Date | Receipt# | Staff | | |
| | | | | | |