

buzz

0-11

Booking form

How to Apply:

- Forms must be completed in FULL - photocopied forms are acceptable.
- Please complete a separate booking form for each venue and child.
- If postal please send a separate cheque for each activity and enclose a stamped addressed envelope.
- Cheques payable to **BROMLEY MYTIME**
- Courses should be booked and paid for in advance.
- Complete a booking form and hand it to reception at that centre.
- Alternatively you can pay over the phone and hand the registration form to reception at the first session.
- Spaces are limited and allocated on a first come first served basis. Places are reserved on courses for the current participants to rebook - check for dates of re-enrolment with each centre.
- All bookings are at the manager's discretion.
- Refunds are given on medical grounds only when supported by a doctor's note (see terms and conditions for each centre).
- Members prices apply to membership of that centre. **Courses booked by buzztime members are in accordance with the centre booking and cancellation policy. If a booking is made and cancellation policy not adhered to then the full member price will be payable.**
- Children must be taken to / collected from activities by an adult (over 18).
- Parents / guardians should remain on the premises during the session (excluding day camps) for children under 5 years
- A minimum number of bookings are required run each activity. In the event of a cancellation by Bromley Mytime, customers will be refunded and there will be no administration charge.
- Participants should wear appropriate clothing and bring a drink.
- Bromley Mytime reserves the right to amend activities without notice.
- Customers applying for buzz day camp places are required to complete a more detailed booking form.
- Children with additional needs will need to be assessed to ensure that we can meet their individual needs.
- We welcome your feedback on all buzz courses. Simply email adam.royall@bromleymytime.org.uk with your comments or complete a 'talktime' form at the centre.

Participants Details:

First name: Surname:

D of B: Age:

Address:

Tel day: Tel Eve:

Tel mob:

Email:

Parent/Carer Name:

School Attended:

Emergency Contact Name & Telephone Number (different to parent/carers):

Special medical needs, - including allergies?

Other special needs:

Name, Address & Telephone No. Doctor:

Signed Parent/Carer:

Date / /

PLEASE SIGN TO SAY YOU HAVE READ BOOKING CONDITIONS

Membership No:

Course details

Centre	Course	Dates	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>