**Application Form –**

 **Squash Adult & Junior Courses**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Medical Conditions: |  |

Please tick the course you wish to attend:

|  |  |  |
| --- | --- | --- |
| **Course** | **Day / Time** | **Please Tick** |
|  |  |  |
| **Adult** |  |  |
| New to Squash | Tuesday 10am-11am |  |
| Intermediate Squash | Tuesday 11am-12pm |  |
| Back to Squash | Sunday 5pm-6pm |  |
|  |  |  |
| **Junior** |  |  |
| Young Squashers | Tuesday 9.15am-10am |  |
| Junior Squash Course | Wednesday 4pm-5pm |  |
| Young Squashers | Friday 2.15pm-3pm |  |

**Amount enclosed:** £……………………