

Mrs F Wood, 9 Moat Farm, Tunbridge Wells, Kent. TN2 5XG  
Tel. 01892 513758

Please return both this form and the green form with your payment to Fiona Wood at the above address

Please make cheques payable to **Beacon Swimming Club**

Please reserve a place for .....

in ..... group at .....p.m. on Wednesdays/Fridays (please delete) for lessons with Beacon Swimming Club.

**Address:** .....  
.....  
.....

**Post Code:** ..... **Tel:** .....

**Email.....** .....

**Signed:** ..... Parent / Guardian.

**Child's date of birth:** ..... **Does your child have asthma?** .....

**Does your child have any other medical condition their teacher should know about? If Yes please give details.....**  
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