



Tigerz Holiday Booking Form 2019/20

Please note the hours your child will attend the club and return this to reception or email to elaine.ross@highlifehighland.com

Cancellations must be made before **17:30 the day before** the session or you will be liable for full payment.

Child's Name						High Life No.
Week Commencing:	Monday	Tuesday	Wednesday	Thursday	Friday	
Early Half Session						
Late Half Session						
Full Session						
Week Commencing:	Monday	Tuesday	Wednesday	Thursday	Friday	
Early Half Session						
Late Half Session						
Full Session						
Week Commencing:	Monday	Tuesday	Wednesday	Thursday	Friday	
Early Half Session						
Late Half Session						
Full Session						
Week Commencing:	Monday	Tuesday	Wednesday	Thursday	Friday	
Early Half Session						
Late Half Session						
Full Session						
Week Commencing:	Monday	Tuesday	Wednesday	Thursday	Friday	
Early Half Session						
Late Half Session						
Full Session						

Early Half Session: 08:15-14:00 **Late Half Session: 12:00-17:30** **Full Session 08:15-17:30**

PLEASE SEE REVERSE



Data Protection – the information you have supplied will be used for the purpose(s) for which you have provided it. High Life Highland will also use it to plan improvements and to meet our obligations in delivering services on behalf of The Highland Council. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval, unless there is a legal requirement to do so.

High Life Highland would like to send you information about our own products and services and the benefits of being a High Life member by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant boxes.

Post ☐ Phone ☐ Email ☐ SMS ☐

Declaration: I agree to the use of my personal data as detailed above.

Bookings must be paid one week in advance. When this form is completed and handed into reception, you will be liable to pay the first week on this form up front. You will then be expected to pay for each week in advance before the sessions occur.

For Staff Use Only

Form received by: _____

Date form was received: _____

Child booked in by: _____

Staff Signature: _____