Please could I reserve a place on the cricket course as indicated below. I enclose a cheque for £25 made payable to The Glasgow Academy.

Name		
Age	Class/Tutor group	
Address		
Email		
Contact telephone no course	umber in case of emergenc	y whilst attending the
Please indicate below	w which course / courses, y	ou wish your child to attend
I wish my child to at	tend Monday 9 th April – Fri	day 13 th April 9.00am – 11.00am
I wish my child to at	tend Monday 9 th April – Fri	day 13 th April 11.15am – 1.15pm
Signed (Parent or G	uardian)	Date