

**RSM CHRISTMAS HOLIDAY CLUB 2017**

Name of Child 1: \_\_\_\_\_ Form: \_\_\_\_\_

Name of Child 2: \_\_\_\_\_ Form: \_\_\_\_\_

Name of Child 3: \_\_\_\_\_ Form: \_\_\_\_\_

I would like the above named child/ren to attend Reigate St Mary's Holiday Club on the days selected below. I have included payment of £40 per day per child made payable to Reigate Grammar School.

Total number of days \_\_\_\_\_ Total of amount payable £ \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**December** (Reception to Year 6)

Monday 18<sup>th</sup> December - Fri 22<sup>nd</sup> December 2017

	<b>Mon 18</b>	<b>Tues 19</b>	<b>Weds 20</b>	<b>Thurs 21</b>	<b>Fri 22</b>
Child 1					
Child 2					
Child 3					

Please note no refunds will be given for illness or change in circumstance on the day. Places are not transferrable.  
Please return form to [rmg@reigatestmarys.org](mailto:rmg@reigatestmarys.org) or School Reception.

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