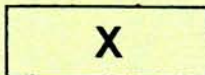


AFTER SCHOOL CLUB
REQUIREMENT

Childs Name..... Year.....

January				
Mon	Tue	Wed	Thu	Fri
	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

PLEASE NOTE THAT ALL SESSIONS BOOKED MUST BE PAID FOR, WHETHER ATTENDED OR NOT.



MARK CLEARLY WITH AN 'X' IF CARE IS REQUIRED