

**St Osmund's Sports Summer Camp @
Dorchester Middle School**



Pupils name (In Full) _____

School attended this year _____

Year group attended this year _____

Any Medical needs _____

Contact details _____

Contact email _____ Which I'll confirm your child's place on

Is your child a Free School Meal pupil? Yes / No

Please indicate which week your son/daughter will be attending from 9:30am – 12pm

First week 21st – 27th July 2016

Second Week 28th – 3rd August 2016

Please can cheques be made payable to "DASP limited"

I will only confirm your place once cheques have been sent in to me

Can completed forms/cheques please be delivered into your school, marked for the attention of **Andy Kent Summer Camp**

I'll contact you ASAP to let you know if your son/daughter has been successful in the selected week stated

Regards

Levi Dailey

DASP Sports Coordinator