



AUTUMN HOLIDAY SPORT 2009

TURRIFF SPORTS CENTRE

OCTOBER 13th, 14th, 15th and OCTOBER 20th, 21st, 22nd 2009

SESSIONS RUN FROM 10.00a.m to 12.15p.m & 12.45p.m to 3.00p.m.
CHILDREN ATTENDING ALL DAY WILL BE FULLY SUPERVISED OVER LUNCHTIME

To register your child/children, simply complete the attached application form, enclose with a cheque made payable to **Aberdeenshire Council** and send to:

**Active Schools Turriff, Education Learning & Leisure, Aberdeenshire Council
1 Church Street, Macduff, AB44 1UR**

Telephone: 01261 813383

www.aberdeenshire.gov.uk/activeschools

Your booking will be confirmed by telephone.

COST: HALF DAY - £5, FULL DAY £10, 3 DAYS £25

OPEN TO CHILDREN OF PRIMARY SCHOOL AGE P1-7

Children will need: Sports Kit, Trainers (in and outdoor), Plenty of non-fizzy drink, Packed lunch if staying all day, warm clothes.

Activities include: Football, Athletics, Tag Rugby, Cricket, Rounders, Hockey, Fun Fitness, Basketball and much much more!

SPORTS CENTRE CRAFTS & GAMES

Day	Activity	Venue	Times	Age	Cost	How to Book
Week 1 12 - 16 October						For Crafts & Games book in person at Turriff Sports Centre Reception From: 10.00am 21 st September 2009 Tel: 01888 563800
Mon 12 th	Crafts/Games	Sports Centre	10am-12pm	3-5yrs	£4.25	
Wed 14 th	Crafts/Games	Sports Centre	10am-12pm	3-5yrs	£4.25	
Thurs 15 th	Crafts/Games	Sports Centre	10am-12pm	3-5yrs	£4.25	
Fri 16 th	Crafts/Games	Sports Centre	10am-12pm	5-8yrs	£4.25	
Week 2 20 - 24 October						
Mon 19 th	Crafts/Games	Sports Centre	10am-12pm	3-5yrs	£4.25	
Wed 21 st	Crafts/Games	Sports Centre	10am-12pm	3-5yrs	£4.25	
Thu 22 nd	Crafts/Games	Sports Centre	10am-12pm	3-5yrs	£4.25	
Fri 23 rd	Crafts/Games	Sports Centre	10am-12pm	5-8yrs	£4.25	

Application Form AUTUMN 2009 HOLIDAY SPORT

Name: _____

D.O.B: _____ Age: _____

Address: _____

Postcode: _____

Tel No: _____

Health concerns / Allergies: _____

Emergency Contact: (Circle) Mr / Mrs / Ms / Other

Name: _____

Emergency contact no: _____

Mobile No: _____

I wish my son/daughter to attend the following
Active Schools multisport sessions at:

_____ Location

Total Payment enclosed: _____

For additional booking either photocopy or transfer the details onto a separate sheet of paper.

Parental consent – in the event of an injury whilst taking part in activities and I cannot be reached on the above, I hereby give consent for my child to receive medical attention.

Signed: _____
Parent / Guardian

Date: _____

Data Protection Act. Any information gathered will only be used for Active Schools Marketing purposes and will not be divulged to any third party.

