

# PRIORITY FAX BOOKING/ENQUIRY FORM - 020 8245 1870

## CONTACT DETAILS

Name of organisation/school: .....

Address: .....

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Contact Name: ..... Position: .....

Tel No: ..... Mobile: .....

E-mail: .....

Please complete the table below.

ACTIVITY ONE								
ACTIVITY	DATE	GROUP SIZE	W/SHOP TYPE	GENDER	AGE	No. OF GROUPS	SEN	
Dance <input type="checkbox"/> <i>Please specify</i> .....	From	1 - 5 <input type="checkbox"/>	Half-day: <input type="checkbox"/>	Girls <input type="checkbox"/>	From:		Yes <input type="checkbox"/>	
Aerobics <input type="checkbox"/>	-----/-----/-----	6 - 10 <input type="checkbox"/>	Full-day: <input type="checkbox"/>	Boys <input type="checkbox"/>	To:		No <input type="checkbox"/>	
Pilates <input type="checkbox"/>	To	11 - 15 <input type="checkbox"/>				Mixed <input type="checkbox"/>		
Yoga <input type="checkbox"/>		16 - 20 <input type="checkbox"/>						
Boxercise <input type="checkbox"/>		21 - 25 <input type="checkbox"/>						
Tai Chi <input type="checkbox"/>		21 - 25 <input type="checkbox"/>						
Body Combat <input type="checkbox"/>	-----/-----/-----	26 - 30 <input type="checkbox"/>						
ACTIVITY TWO								
ACTIVITY	DATE	GROUP SIZE	W/SHOP TYPE	GENDER	AGE	No. OF GROUPS	SEN	
Dance <input type="checkbox"/> <i>Please specify</i> .....	From	1 - 5 <input type="checkbox"/>	Half-day: <input type="checkbox"/>	Girls <input type="checkbox"/>	From:		Yes <input type="checkbox"/>	
Aerobics <input type="checkbox"/>	-----/-----/-----	6 - 10 <input type="checkbox"/>	Full-day: <input type="checkbox"/>	Boys <input type="checkbox"/>	To:		No <input type="checkbox"/>	
Pilates <input type="checkbox"/>	To	11 - 15 <input type="checkbox"/>				Mixed <input type="checkbox"/>		
Yoga <input type="checkbox"/>		16 - 20 <input type="checkbox"/>						
Boxercise <input type="checkbox"/>		21 - 25 <input type="checkbox"/>						
Tai Chi <input type="checkbox"/>		21 - 25 <input type="checkbox"/>						
Body Combat <input type="checkbox"/>	-----/-----/-----	26 - 30 <input type="checkbox"/>						
ACTIVITY THREE								
ACTIVITY	DATE	GROUP SIZE	W/SHOP TYPE	GENDER	AGE	No. OF GROUPS	SEN	
Dance <input type="checkbox"/> <i>Please specify</i> .....	From	1 - 5 <input type="checkbox"/>	Half-day: <input type="checkbox"/>	Girls <input type="checkbox"/>	From:		Yes <input type="checkbox"/>	
Aerobics <input type="checkbox"/>	-----/-----/-----	6 - 10 <input type="checkbox"/>	Full-day: <input type="checkbox"/>	Boys <input type="checkbox"/>	To:		No <input type="checkbox"/>	
Pilates <input type="checkbox"/>	To	11 - 15 <input type="checkbox"/>				Mixed <input type="checkbox"/>		
Yoga <input type="checkbox"/>		16 - 20 <input type="checkbox"/>						
Boxercise <input type="checkbox"/>		21 - 25 <input type="checkbox"/>						
Tai Chi <input type="checkbox"/>		21 - 25 <input type="checkbox"/>						
Body Combat <input type="checkbox"/>	-----/-----/-----	26 - 30 <input type="checkbox"/>						
Please make a provisional booking for the above activities that I have ticked <input type="checkbox"/>				OR	Please contact me with cost and availability for the activities that I have ticked <input type="checkbox"/>			

Comments: .....

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