## PRIORITY FAX BOOKING/ENQUIRY FORM - 020 8245 1870

## **CONTACT DETAILS** Name of organisation/school: Address: Contact Name: Position: Tel No: Mobile: E-mail: Please complete the table below. **ACTIVITY ONE GROUP SIZE** W/SHOP **ACTIVITY** DATE **GENDER AGE** No. OF SEN TYPE **GROUPS** Half-day: 1 - 5 Dance From Girls From: Yes Please specify 6 - 10 Aerobics 11 - 15 Boys Pilates 16 - 20 No Full-day: Yoga 21 - 25 Mixed To To: Boxecise 21 - 25 Tai Chi 26 - 30 П **Body Combat** П **ACTIVITY TWO** W/SHOP **ACTIVITY** DATE **GROUP SIZE GENDER AGE** SEN No. OF **TYPE GROUPS** Half-day: Dance From 1 - 5 Girls From: Yes Please specify 6 - 10 Aerobics 11 - 15 Boys **Pilates** 16 - 20 No Full-day: Yoga 21 - 25 To Mixed To: Boxecise 21 - 25 Tai Chi 26 - 30 **Body Combat** П **ACTIVITY THREE GROUP SIZE ACTIVITY** DATE W/SHOP **GENDER** SEN **AGE** No. OF TYPE **GROUPS** Half-day: 1-5 Dance From Girls From: Yes Please specify 6 - 10 Aerobics 11 - 15 Boys Pilates 16 - 20 No Full-day: Yoga 21 - 25 To Mixed To: Boxecise 21 - 25 Tai Chi 26 - 30 **Body Combat** П Please make a provisional booking for Please contact me with cost and availability the above activities that I have ticked OR for the activities that I have ticked \_Comments:

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