SYL SPORTS & WELLNESS

STREET DANCE - AFTER SCHOOL CLUB

Dear Parents/Carers,

I am delighted to inform you that we will be offering Street Dance After- school Club at St Mary's CofE (Aided) Primary School (West Sussex) from next term.

STREET DANCE CLUB

Wednesday 3:15 - 4:15 pm

Street Dance (after school club)

Requested start:

Half Term 3

WB 10th Jan - WE 11th Feb (5 Weeks)

Half Term 4

WB 21st Feb - WE 1st April (6 Weeks)

Total: 11 weeks

£7.50 x 11 weeks = £82.50 per child (Inc VAT)

Minimum: 15 students to start the club (fees collected via BACS together with return of Parent form) - that will be used by coach for register/medical forms.

- If club doesn't go ahead due to low numbers - parents can simply get a refund (within 72 hours) via BACS transfer from SYL sports via emailing info@sylsports.com with account details to reverse payment

Starting WB 10th Jan 2022

Based on 5 styles of Street Dance;

- 1. Commercial Dance
- 2. Jazz/Funk
- 3. Hip Hop
- 4. Breaking/Locking/Popping
- 5. Showcases

If you would like your child to attend please pay by BACS, details are below could you also message us to register your child via email info@sylsports.com.

Childs first name & first letter of surname + DRAMA - as reference. I.e Bella B - DANCE

BACS details for payments below.

Once you have completed the payment, please send form with confirmation of payment to <u>info@sylsports.com</u> (screen shot or copy and paste of the COMPLETED form is fine via email)

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Booking Form -Step 1. Complete the booking form Step 2. Return the completed booking via email to PLEASE PRINT CLEARLY Full term period (11 weeks) £7.50 x 11 weeks = £82.50 (Inc VAT) Wednesday After-school Drama (15.15-16.15) BACS PAYMENTS – Please note all payments must be received to secure places. Company Name- SYL Sports & Wellness ACC: 66179513 Sort: 60-22-10 Child's first name & surname first letter + DANCE -as reference I.e. Bella B - DANCE This medical form below can also be completed via email and sent to: info@sylsports.com Child's Full Name: Boy / Girl: _____ Age: ____ Date of Birth: ____ Address: Post Code: Email Address: Parent's Tel. No. (Home): (Emergency): Has your child any medical conditions / allergies / disability? YES / NO If YES please specify: If your child requires any medical devices (e.g. Asthma pump) please provide an extra one for these sessions (any devices kept with the school may not be accessible). By signing below you are consenting to any emergency treatment that may be necessary for your child. Every effort will be made to contact you first, when possible. Signature of Parent / Guardian: I would like my child to attend the school Street Dance club.

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STREET DANCE CLUB - Wednesday - 3:15 - 4:15 pm

Start date: 12th Jan - £7.50 x 11 weeks = £82.50 (Inc VAT)

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I confirm I have made payment of £82.50 (Full term period)
Date
Please Find Attached - Company BANK DETAILS (on letter head)
I am writing to confirm SYL Sports & Wellness Ltd BANK DETAILS as follows:
SYL Sports & Wellness Ltd
Account number: 66179513
Sort code: 60-22-10
VAT REGISTRATION NO: 28 72515 79
Company registration no: 9787655
Address:
SYL Sports & Wellness 15 Heaton Court, 12 Colnhurst Road, Watford, WD17 4BX
If you have any questions please feel free to get in touch.
Many Thanks
Email: info@sylports.com

Website: www.sylsports.com

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