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| **SUMMER 2018 - Week FOUR** | | | | | |
| **BADMINTON CAMP - West Midlands Performance Centre** | | | | | |
| **VENUE** | | | | | |
| 360 Sports and Fitness Centre, university of Birmingham, Edgbaston. B15 2TT | | | | | |
| **Booking Form - ALL TRAINING LEVELS** | | | | | |
| **AUGUST - Tuesday 28 - Wednesday 29 - Thursday 30** | | | | | |
| **All sessions 10.00 - 16.00 (with a break of 2 hours for lunch)** | | | | | |
| **Details** | | | | | |
| Players need to bring a packed lunch when attending. Along with plenty of fluids to drink during training. | | | | | |
| FYI - Drinks and snacks can be purchased from vending machine and/or onsite cafe. | | | | | |
| **Cost – tick the session/day you want.** | | | TICK as REQUIRED | CIRCLE Training LEVEL | |
| 28 August Tuesday - **£30.00**. | | |  | **Beginners - Club - County - International** | |
| 29 August Wednesday - **£30.00**. | | |  | **Beginners - Club - County - International** | |
| 30 August Thursday - **£30.00**. | | |  | **Beginners - Club - County - International** | |
| **How to book.** | | | | | |
| Bookings must be made prior to the training date. | | | | | |
| Complete the PLAYER DETAIL section (below). Email form to Lorraine Cole on **l.m.cole@bham.ac.uk** | | | | | |
| **Email bookings accepted but NOT confirmed until payment is received.** | | | | | |
| **BOOKING DEADLINE - FRIDAY 13 July 2018** | | | | | |
| **All bookings confirmed before deadline will take priority.** | | | | | |
| **FREE FZ Forza shirt for participants with bookings received before deadline. See website.** | | | | | |
| **Payments** | | | | | |
| **BACS** – Nat West Bank. Sort code **51.70.32**. Account No. **80722539**. | | | | | |
| Use reference - **SC18** and Childs/Players **NAME**. | | | | | |
| Cheques payable to WEST MIDLANDS PERFORMANCE CENTRE, players name MUST be on the reverse. Post to Lorraine Cole (WMPC), 89 Linthurst Newtown, Blackwell, Bromsgrove. B60 1BS. | | | | | |
| [Any/all queries contact Lorraine Cole on **07966 142196** or **l.m.cole@bham.ac.uk**](mailto:l.m.cole@bham.ac.uk) | | | | | |
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| **PLAYER DETAILS - Please complete the following clearly.** | | | | | |
| NAME |  | | | DATE OF BIRTH |  |
| ADDRESS |  | |  | POSTCODE |  |
| EMAIL |  | | COUNTY/CLUB |  | |
| MOBILE |  | | ALTERNATIVE EMERGENCY No. |  | |
|
| MEDICAL DETAILS |  | | | | |
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