



BOOKING FORM

Baby's name:

Date of birth:

Any medical conditions:

Parent's name:

Address:

Town:

County: Postcode:

Telephone: Mobile:

Email:

Pool location: Level:

Start date: Time:

Course previously completed: Location:

Where did you hear about Babies Go Swimming?:

Please complete the booking form and send with a cheque (made payable to Babies Go Swimming) for £107.50 to the following address:

Babies Go Swimming
April Cottage
23a Fairview Road
Wokingham
Berkshire
RG40 2DN

Office use	
D/R	
C/N	
P/L	
D/Y	
INV	

[Thank you for booking with Babies Go Swimming](#)