



Summer School 2018 Application Form

From 2nd July - 20th September 2018 - between 0900 hrs – 1300 hrs

Extended Hours – (07:30 to 09:00hrs) (13:00 to 14:00hrs)

- 8 Weeks Option (Week 28 - Week 35) – {Mon 16th July to Fri 7th Sept 2018}**

Choose an option that suits you best.

Option	Choosing Days		Price	Extended Hrs AM	Extended Hrs PM
1	2 DAYS	*TUE & THUR	€ 200.00	<input type="checkbox"/> + €30	<input type="checkbox"/> + €30
2	3 DAYS	MON, WED & FRI	€ 240.00	<input type="checkbox"/> + €40	<input type="checkbox"/> + €40
3	4 DAYS	MON, TUE, WED & FRI	€ 280.00	<input type="checkbox"/> + €50	<input type="checkbox"/> + €50
4	5 DAYS	*MON TO FRI	€ 320.00	<input type="checkbox"/> + €50	<input type="checkbox"/> + €50
* Include Outings				Sub Total	€

- 4 Extra Weeks Option**

Choose an option that suits you best.

Option	Dates	2 days	3 days	4 days	5 days	Extended Hrs AM	Extended Hrs PM
1	2 nd – 6 th July (Week 26)	<input type="checkbox"/> €20	<input type="checkbox"/> €25	<input type="checkbox"/> €30	<input type="checkbox"/> €35	<input type="checkbox"/> + €5	<input type="checkbox"/> + €5
2	9 th – 13 th July (Week 27)	<input type="checkbox"/> €20	<input type="checkbox"/> €25	<input type="checkbox"/> €30	<input type="checkbox"/> €35	<input type="checkbox"/> + €5	<input type="checkbox"/> + €5
3	10 th – 14 th Sept (Week 36)	<input type="checkbox"/> €20	<input type="checkbox"/> €25	<input type="checkbox"/> €30	<input type="checkbox"/> €35	<input type="checkbox"/> + €5	<input type="checkbox"/> + €5
4	17 th – 20 th Sept (Week 37)	<input type="checkbox"/> €20	<input type="checkbox"/> €25	<input type="checkbox"/> €30	<input type="checkbox"/> €35	<input type="checkbox"/> + €5	<input type="checkbox"/> + €5
Sub Total						€	
Total						€	

For all inquiries please email us on: kim.dimech@depirobc.com or call on 99DEPIRO (99337476) after 17:00 hrs

Address: Depiro Basketball Club, Triq ir-Regimentali Maltin, Mtarfa MTF1540, Malta

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Payment Summary

<i>1st Child</i>	<i>2nd Child</i>	<i>3rd Child</i>	<i>4th Child</i>	<i>Total</i>
€	€	€	€	€
❖ Less 10% Discount				€
TOTAL				€

❖ 10% Discount only applies on more than 2 children

Indicate name /s

	Name and Surname of Child / Children	Date of Birth	Early Years (3 to 4 yrs)	Juniors (5 to 14 yrs)
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>

Indicate any Difficulties / Medical requirements (if any)

Name of Child:

Name of Child:

Name of Child:

Name of Child:



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Parent / Guardian Details

Surname:		Name:	
Surname:		Name:	
Address:			
Mobile 1:		Mobile 2:	
Email 1:			

Parental / Guardian Consent and other information:

- Depiro Basketball Club may from time to time take photos of the child / children for record keeping purposes; to use as souvenirs and / or promotional purposes. Should you wish not to have your child / children appearing in such photos, please tick the box
- In case of an emergency, in which my child / children would need medical intervention, I / we authorize that the medical authorities concerned provide the necessary assistance.
- If you do not wish to be informed of any special offers or events by Depiro Basketball Club please tick this box
- Funds are not refundable.

I, parent / guardian of the above-mentioned child / children, am aware that Depiro Basketball Club cannot assume responsibility for my child safety before and after his / her session time.

Registrations are being accepted every Saturday morning between 09:30 hrs and 13:30 hrs and every Tuesday afternoon between 16:30 hrs and 18:00 hrs at the Club, or, by posting a cheque payable to "Depiro Basketball Club" by not later than **15th June 2018**.

We thank all applicants in advance for their trust in our Club. Since places are limited, we urge those interested to fill the form and settle the application. Subscriptions are on first come first served basis.

Children are all monitored by qualified staff and teachers.

Parent / Guardian Signature _____ ID Card No _____

FOR OFFICE USE

Date of Application _____ Rec No _____

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