



# EASTER HOLIDAYS 2010

## CRICKET COURSES AT EALING CRICKET CLUB

Corfton Road, Ealing, London, W5 2HS. Telephone: 020 8997 1858

**COURSE ONE**

Tuesday April 6th to Friday April 9th

**COURSE TWO**

Monday April 12th to Thursday April 15th

All courses run from 10am to 4.30pm each day

### HEAD COACH: PETER WELLINGS

(Ex Middlesex CCC & English Cricket Board XI)

These courses will offer structured Professional Cricket Coaching with the emphasis on learning with enjoyment. Courses are designed for boys and girls aged 5 - 15 years. Less experienced cricketers will play against soft balls. More experienced cricketers will use predominantly hard balls. Packed lunches can be brought along; drinks & refreshments are available. Cricketers aged 10 and over should bring a box protector. Please bring along cricket equipment if you have it.

For further details call: 07958 981919 or visit: [www.coachingcricketexcellence.co.uk](http://www.coachingcricketexcellence.co.uk)



### APPLICATION FORM - EASTER 2010

Please complete in block capitals

Name:..... D.O.B.: ..... School:.....

Name of Parent/Guardian :..... Address :.....

Telephone Home: ..... Mobile: ..... Work: .....

Parent's email address..... If this is your first course, who referred you?.....

Please give details below of any medical requirements or special needs you feel we should be aware of: .....

Course 1 - £90 Course 2 £90. Both courses £180 (£5 extra if paying on the day)

I wish to attend the following courses: Course 1  Course 2

I would like to book Early Drop Off & Late Collection (9am - 5pm) - £20 extra for the week

#### IMPORTANT INFORMATION

PLEASE SEND COMPLETED APPLICATION FORM TOGETHER WITH PAYMENT BY CHEQUE OR CREDIT/DEBIT CARD TO... PETER WELLINGS, EALING CRICKET CLUB, CORFTON ROAD, EALING, LONDON, W5 2HS. PLEASE MAKE CHEQUES PAYABLE TO 'COACHING CRICKET EXCELLENCE'. PLEASE NOTE - FOR CREDIT/DEBIT CARD PAYMENTS - A £1 FEE EXISTS TO COVER COSTS. ONCE WE HAVE RECEIVED YOUR APPLICATION YOUR PLACE WILL BE CONFIRMED BY EMAIL.

CREDIT CARD: VISA/MASTERCARD/ACCESS (Please specify)

PLEASE DEBIT MY CARD No:

START DATE: ..... EXPIRY DATE: ..... CARD HOLDERS NAME (as shown on card): .....

CARD HOLDERS SIGNATURE: .....