MIKE HARRIS SCHOOL OF SQUASH
Application Form

Name _____

Address _____

_____

_____ Post/Zip Code _____

Home Tel. No. _____

Mobile / Cell No _____

E-mail Address _____

Please indicate which course(s) you would like to attend

Course 1	**Date: 25th July – 1st August**	☐	**All Standards & Grades**	**Cost - £980.00**
Course 2	**Date: 1st August – 7th August**	☐	**All Standards & Grades**	**Cost - £980.00**
Course 3	**Date: 15th August – 22nd August**	☐	**All Standards & Grades**	**Cost - £980.00**

Please give a short summary of playing standard / strengths & weaknesses

_____

_____

_____

_____

_____

Please indicate your T-Shirt Size:

Small	**Medium**	**Large**	**X-Large**
☐	☐	☐	☐

Signed by Adult applicant or Parent / Guardian: _____ **Date:**_____

Return address: **MHSS, 13 Lullington Avenue, Hove, East Sussex BN3 7EQ, United Kingdom**