

SUMMER

HOLIDAY VOUCHER

Voucher Number: _____

Childs Name: _____

Dates of Holiday for which 25% discount is claimed:

Week 1: _____

Week 2: _____

Week 3: _____
(Minimum of 2 weeks, maximum of 3 weeks)

Date Applied for Discount: (Min 6 weeks) _____

Parents Signature: _____

I agree to pay the discounted fees at the beginning of the month in which they are due and understand that if I do not the discount will be withdrawn and re-invoiced the following month.

FOR OFFICE USE:

Discount Agreed Yes No

Adjusted Invoice Raised for Above Weeks: Yes



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holdayvchr.02/00



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holdayvchr.02/00

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holidaychr.02/00

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