

Worthing Table Tennis Club CIC
email: info@worthingttc.com
Mobile: 07411018856
Registered CIC - 13406047

Dear Parent / Carer,

Table Tennis After School Club at West Park School

Welcome to Worthing Table Tennis Club! Join our successful Table Tennis After School Club on **Thursdays** from **7.45am to 8.25am** at the cost of £5 person per session (this cost includes coaching and equipment)

The club is a chance for any student from Years 7 to 11 to learn Table Tennis with friendly, enthusiastic and award-winning coaches.

We are now taking bookings for the Spring Term 2025 (11 weeks)

Session dates: Start – Thursday 16th January 2025
 End – Thursday 3rd April 2025

Our coaches are fully Licensed, First Aid trained and have current DBS checks.

Sessions will be fun and varied, with a wide range of activities based primarily around Table Tennis for young beginners/intermediate levels.

You can find out more information about our club and the over 20 sessions a week we run in Worthing on our website: www.worthingttc.com or by following us on Facebook: @WorthingTableTennisClub

If you would like your child to participate **please complete the form overleaf and email or contact us on 07411018856 as soon as possible as places will be allocated on a first-come, first-served basis.** If you have any further questions, please email the Table Tennis Club on info@worthingttc.com.

Many thanks,

Matthew Porter
Head Coach - Worthing Table Tennis Club

Spring Term 2025

Table Tennis Breakfast Club

Session dates: Start – Thursday 16th January 2025

End – Thursday 3rd April 2025

(Excluding 20th February for Half Term)

I would like my child _____

to take part in Table Tennis After School Club and enclose the cost for the 11 weeks of £55

When paying by BACS please put your child's name as the reference and use the details below:

Bank: Natwest

Name: Worthing Table Tennis Club

Sort Code: 01-01-23

Account No. 16192273

Please use as Reference: West Park + Child's Name

Parent/carer emergency telephone contact no. _____

Year group: _____

Email address: _____

Medical Conditions/Allergies/Education Needs: _____

Child to be collected from school/travel alone: _____

Signed:

Date: