



make you move, your way

Please complete the form and return to the b-active team to guarantee your place.

Name: _____

Address: _____

Telephone Number: _____

email: _____

Activities wishing to attend: _____

On which day and time: _____

Crèche places required Y/N _____
(only available for Aerobics session
on Tuesday)

How many places: _____

Ages of each child: _____

Please notes there will be a charge for the crèche facilities, cost will be confirmed on day.



DERBY CITY COUNCIL