

HOLIDAY ACTIVITY FUND (HAF) BOOKING FORM SUMMER HOLIDAY CLUB: 28 July – 28 August 2025

Full Name of Student:		
Age & DOB (date of birth):	Gender (male or female):	
Address:		
Postcode:		
SEND: Y N If Y, pls. specify	<i>r</i> :	
Requested Booking Date(s) – all dates to be list	:ed:	
Unique HAF Code:		
Name of School:		
Does this child receive benefit related free scho	ool meals: Y N	
Parent/Guardian Full Name:		
Parent/Guardian DOB (date of birth):		
Telephone:		
Email:		
I have read and understood all associated HAF terms & conditions.		
Signature of parent/guardian:		
Date:		TOWER HAMLETS