



**Bishop DrUITT College**  
**Term 4 2017 Booking Form**

|                   |    |    |
|-------------------|----|----|
| Family Name:      |    |    |
| Child/ren's Name: | 1. | 2. |
|                   | 3. | 4. |

|                                    | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------------------------|--------|---------|-----------|----------|--------|
| <b>Week 1</b><br>9-13<br>October   |        |         |           |          |        |
| <b>Week 2</b><br>16-20<br>October  |        |         |           |          |        |
| <b>Week 3</b><br>23-27<br>October  |        |         |           |          |        |
| <b>Week 4</b><br>30-3<br>Oct/Nov   |        |         |           |          |        |
| <b>Week 5</b><br>6-10<br>November  |        |         |           |          |        |
| <b>Week 6</b><br>13-17<br>November |        |         |           |          |        |
| <b>Week 7</b><br>20-24<br>November |        |         |           |          |        |
| <b>Week 8</b><br>27-1<br>Nov/Dec   |        |         |           |          |        |
| <b>Week 9</b><br>4-8<br>December   |        |         |           |          |        |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the front office, OSHC office or email to  
oshc@bdc.nsw.edu.au