

NAME: _____ AGE: _____

CONTACT: _____ PHONE: _____

EMAIL: _____

JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	23 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	24 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	25 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	26 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	27 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	28 <input type="checkbox"/> 10-12:30

JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	7 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	8 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	9 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	10 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	11 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	12 <input type="checkbox"/> 10-12:30
	14 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	15 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	16 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	17 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	18 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	19 <input type="checkbox"/> 10-12:30
	21 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	23 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	23 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	24 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	25 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	26 <input type="checkbox"/> 10-12:30
	28 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	29 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	30 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	31 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon		

AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	2 <input type="checkbox"/> 10-12:30
	4 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	5 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	6 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	7 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	8 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	9 <input type="checkbox"/> 10-12:30
	11 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	12 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	13 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	14 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	15 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	16 <input type="checkbox"/> 10-12:30
	18 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	9 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	20 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	21 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	22 <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	23 <input type="checkbox"/> 10-12:30