



Entry Form This form can be photocopied!

Mythical MADNESS



Name **R O S I E W A L T O N** Age **1 2**

Home Address **4 8 H O N E Y L A N E S T E D D I N G T O N**

T o w n P E T E R B O R O U G H

County **C A M B R I D G E S H I R E** Postcode **P E 2 9 F W**

Club Name **F O R W A R D P R E S S A S C**

Club Address **F O R W A R D P R E S S S C H O O L**

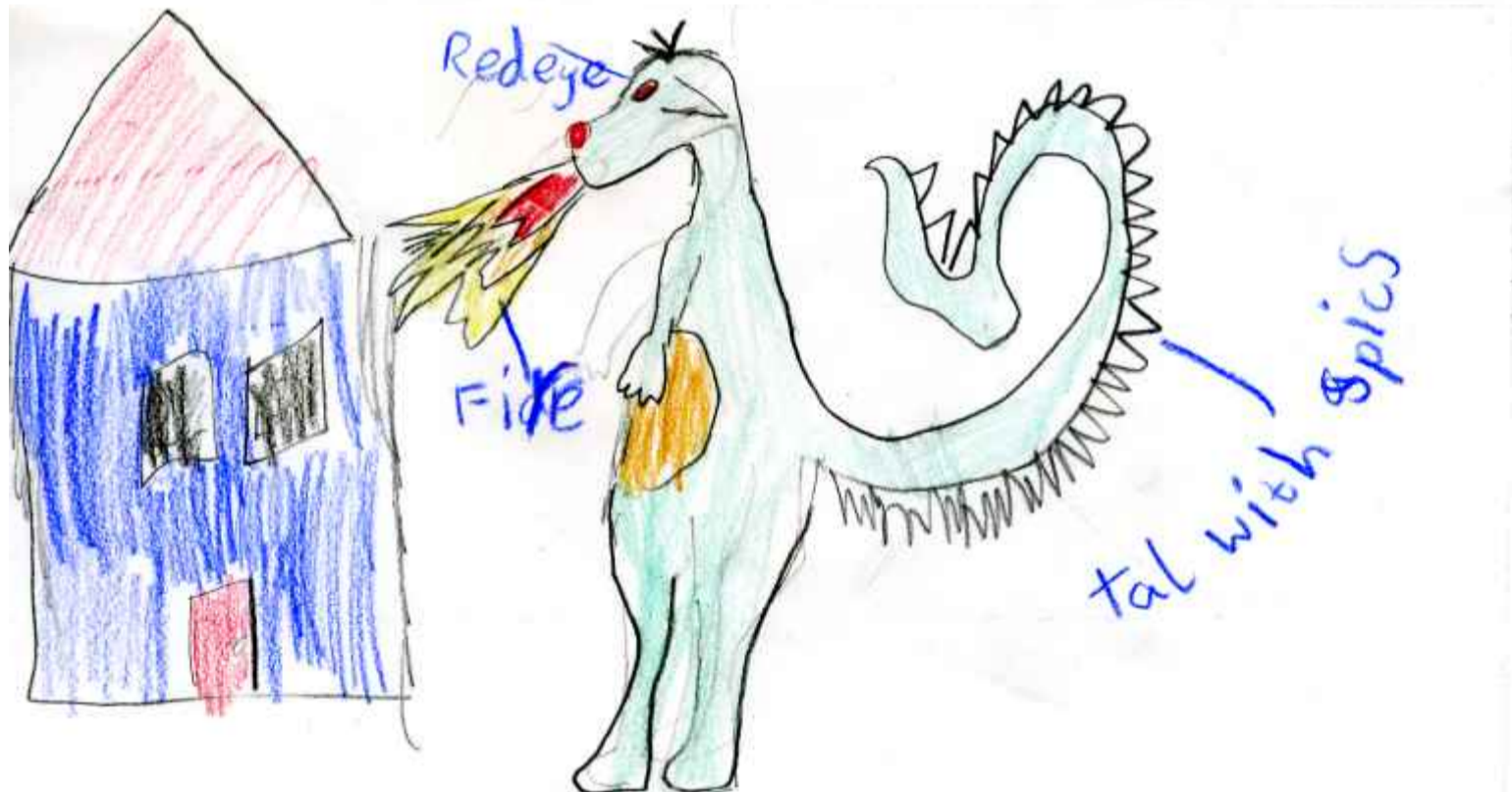
S T E D D I N G T O N T o w n P E T E R B O R O U G H

County **C A M B R I D G E S H I R E** Postcode **P E 2 S L W**

- 1 Draw your Mythical Madness below
- 2 Write their name(s) as well
- 3 Write a few words about them
- 4 Keep your words and pictures below the line

Mythical Madness After School Club Remus House Coltsfoot Drive Peterborough PE2 9JX
Tel 01733 898108 Fax 01733 313524 Email info@afterschoolclub.net www.afterschoolclub.net

PLEASE DRAW YOUR PICTURE BELOW THIS LINE



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