LOVEGROVE HOCKEY ACADEMY

Working with Raglan Primary School

George Lovegrove
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06 July 2026

Dear Parents

On behalf of Raglan Primary School, I am writing to inform you that during the Autumn term the school will be running an 11-week after-school hockey course for Year 4, 5 and 6 pupils on the playground.

Lovegrove Hockey Academy presently coach in 9 schools in Bromley. We currently run the LA player pathway which is a programme for players who want to play hockey outside of school. Our aim is to stretch and challenge each player whilst keeping the hockey exciting and fun to play.

FRIDAY AFTERNOON. Year 4-6 3.30pm – 4.30pm Cost - £49.50
(£4.50 per session)

September	18, 25	November	06, 13, 20, 27
October	02, 09, 16	December	04, 11

Places will be allocated on a first come first serve basis once the form/confirmation has been emailed.

If you wish your child to attend could you please complete the form below and send to lovegrove.hockey.academy@hotmail.co.uk as soon as possible**.** For payment please use BACs and quote **RA followed by your child's full name** using Account Number 27020728 and Sort Code: 60-83-71. The account name is George Lovegrove ***(please note the change of payment details).***

Please note, for the safety of the children only wooden sticks should be used on the playground. Sticks will be provided but we have a selection for purchase at reasonable prices if your child would like to have their own stick. **Gum shields** are essential and are available to purchase from me at the club.

If you have any queries or would like any further information on the course, please contact me either by email or telephone.

Yours sincerely

George Lovegrove

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LOVEGROVE ACADEMY ON BEHALF OF RAGLAN PRIMARY SCHOOL
Hockey Autumn Term 2026 – Year 4, 5 and 6 – Thursday afternoon

I wish my child_____ Class_____
to attend the hockey course and:

☐ I have arranged a bank payment of £49.50 with payment reference **RA**_____
For bank payments please use Account Number: 27020728 *and Sort Code:* 60-83-71

Your personal data will only be used in the event of any emergency involving your child and for the communication of the term time and holiday courses we offer throughout the school year. By signing this form, you consent to us processing your personal data for this purpose.

Two emergency contact no: 1_____ 2_____

Medical Conditions: _____

Email address_____ Signed_____ Date_____

You may withdraw your consent at any time by contacting us directly. If you **would not** like to receive details of future term time courses and/or holiday courses by email, please tick here ☐