

## Details

Please Complete in BLOCK CAPITALS

| FIRST NAME | SURNAME | DATE OF BIRTH | SEX | MEDICAL CONDITION |
|------------|---------|---------------|-----|-------------------|
|            |         |               | M/F |                   |

ADDRESS:

HOUSE NUMBER/NAME:

STREET:

ADDRESS: (1<sup>ST</sup> LINE)

(2<sup>ND</sup> LINE)

TOWN:

POST CODE

HOME TELEPHONE NUMBER:

STD CODE ( )

MOBILE TELEPHONE NUMBER:

STD CODE ( )

E-MAIL

| PREFERRED<br>SESSION<br>[Tick all that apply] | SATURDAY                 |                          | SUNDAY                   |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 08:15 – 08:45            | 08:45 – 09:15            | 08:30 – 09:00            | 09:00 – 09:30            | 09:30 – 10:00            |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lesson allocation will be based upon availability for the preferred session times as indicated above. Therefore the more sessions selected above will reduce the waiting period.

Date: \_\_\_\_\_