

WORKSHOP BOOKING FORM

FIRST NAME..... LAST NAME.....

ADDRESS.....

POSTCODE..... COUNTRY.....

E-MAIL.....

TELEPHONE - HOME..... MOBILE.....

OCCUPATION..... DATE OF BIRTH.....

MALE OR FEMALE

HOW DID YOU HEAR OF US?.....

DO YOU SUFFER FROM ANY DISABILITY? Please supply details of any condition for which you receive medical or psychiatric treatment:

NAME OF WORKSHOP.....

DATE OF WORKSHOP.....COST

I enclose my deposit of 30% / the full amount payable: £

Signed Date.....

LIABILITY

We do not accept liability for:

- *changes in amenities due to weather conditions, 'Acts of God' or anything else which is beyond our control.
- *loss or damage to your personal property
- *medical or psychiatric conditions developing during or after your holiday

