**BOOKING FORM**

Please contact Wendy to reserve your place before making your payment. Online payment is preferred but alternatives can be arranged. Payment details will be supplied when you reserve your place. Many thanks

**COURSE TITLE:**

**DATE:**

**Name:**

**Address and postcode:**

**Mobile phone No:**

**Landline:**

**E-mail:**

**EMERGENCY CONTACT No.**

**Pre-course questionnaire**

1) Where did you find out about this course?

2) Do you have any physical illness or limitation(s) that may make sitting, lying or movement difficult for you? If yes, please provide details, thanks.

3) Do you have any visual or hearing impairment which could make participating in the workshop difficult for you? If yes, please provide details, thanks.

4) Please indicate briefly what has drawn you to the course:

**Cancellation Policy**

Please check the course cancellation policy on the website.

Participant’s Signature: Date:

(For online submission, please write your name here)

Teacher’s Signature: Date: