

# CalneLeisure

## Course Application Form

Please make sure all sections are completed using **BLOCK CAPITALS**

Pupil's Name ..... ABC No. .... (Card must be valid)  
Address ..... Tel. No. ....  
..... Age (if under 18) .....  
Course Title ..... Level ..... Previous Award Level .....  
Day ..... Time .....  
Cost of Course .....

Does the applicant suffer from any illness that should be known by the coaching staff? Yes / No

Please give details of the illness. ....  
.....

Refunds will **not** be given on any sessions booked unless the session has been cancelled by the leisure centre.  
The management reserves the right to change times, prices and cancel courses without prior notice.

The centre reserves the right to change the time/day or cancel any course without prior notice.  
I have read the course leaflet and this form and agree to abide by the booking regulations.

Signature ..... Date .....

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### OFFICE USE ONLY

Pupil on register Yes / No

Amount Paid £ Credit/Debit Card / Cheque / Cash

Date Paid .....

Staff Name .....