

Childrens Playlink – Training Booking Form

(One form per course please)



Name of Organisation:

Contact Name:

Contact Address:

Daytime Contact Telephone No:

Email: (see note below)

Please ensure email addresses are monitored accounts as course confirmations will be sent via email if supplied.

Course Name:

Course Date:

Participant's Name:

Participant's Name:

Amount enclosed:

Please state below any special requirements, eg accessibility of venue

Please tick box if you require a map of venue:

Please return form to:

Childrens Playlink, Fromside Youth Centre, Watleys End Road, Winterbourne, South Gloucestershire BS36 1QG

Payment (by cheque only) **MUST** accompany Booking Form - cheques payable to "Childrens Playlink"

FOR OFFICE USE ONLY:

Group Name:		Course:		Course Date:	
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Amount:		Date Rec'd:		Cheque No:		Input Date:	
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Nominal A/C	
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Slip Ref:	
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