



## BOOKING FORM

Requested date(s)

Booking Reference  
(If booking on-line)

## PARTICIPANTS DETAILS

First Name

Date of Birth

Surname

Age

Preferred Name

Gender

Current School

Attending with friends?

Current Grade/Level

Name 1

Medical Issues  
If yes, please detail below

Name 2

## PARENTS/GUARDIAN DETAILS

Title

Home Telephone

First Name

Mobile Telephone

Surname

Alternative contact

Address Line 1

Work Telephone

Address Line 2

Relationship

Town/City

Email

County

Name of adult picking  
up/dropping off

Postcode



## PAYMENT DETAILS

All payments must be made prior to the commencement of the programme. For more information please call us on 0970 979 9000.

\* I enclose a non-refundable deposit of £..... (10% of programme fee)

\* I enclose the full course fee of £..... \*

\* Delete as appropriate

Cheque (made payable to The Lifesigns Group)

Credit /Debit card

Card type: MasterCard      Visa      Maestro/Switch      Solo      Delta      Electron

Name on Card:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: .....

Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Valid date: \_\_\_\_/\_\_\_\_    Expiry date: \_\_\_\_/\_\_\_\_

Issue Number (Maestro/Switch only): .....

Security Code (last 3 digits on back of card): .....

\* Please note: your deposit will be returned if ALS cancel the course



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