

Summer School 2011

Courses Application Form

Please complete using BLOCK CAPITALS

Name..... Title

Address.....
.....

Postcode..... Telephone..... Mobile phone.....

Email..... Guild.....

Emergency telephone no. (for when you are on the course).....

Name of emergency contact.....

Sharing a room (double bed only) with.....

WHICH COURSE WOULD YOU LIKE TO ATTEND?

1st choice

2nd choice

3rd choice.....

Companion - no course (please tick)

DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS YES/NO

Vegetarian Vegan Non-Dairy Other.....

DO YOU HAVE ANY FOOD ALLERGIES YES/NO If so what?.....

DO YOU HAVE A REQUIREMENT FOR WHEELCHAIR ACCESS OR OTHER SERIOUS MOBILITY PROBLEM?
(bearing in mind that this building complies fully with all current disabled access requirements) YES/NO

I confirm that I have made a BACS payment for the deposit in the name of.....

for the sum of..... on (date).....

or

I enclose a cheque payable to AGWSD SS11 for the deposit for the sum of £..... and as a non emailer

I enclose 2 sae for acknowledgements

Additional Activity

I am interested in the trip to Lochcarron Mill (cost to be advised) yes/no

I am interested in the slide lecture by Helen Cowans yes/no

I am interested in the relaxation class yes/no