

Archery Beginners Course Application Form- 11-07-2021

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| Full Name(s) |
| Address |
| Email address |
| Contact number |
| Left handed or right handed |
| Age if under 18 (please note anyone under 18 will need to be accompanied by an adult) |
| Approximate height |
| Details of any disabilities/medical issues we need to be aware of |
| **\*\*Places will only be secured upon receipt of payment in full for the course\*\***  £40 per person or £100 for a family of 4.  Payment must be made by bank transfer.  Pay SALT  Sort code 60-14-55  Account number 81401310  Reference add your name  Places are limited and assigned on first come basis. In the event of the course being over-subscribed and your application being unsuccessful, we will return any monies paid by you. |

Once this form is completed in full please email it back to **jackie@quayskills.com**