Ascent Training - Booking Form

Date _____



T'11 (C /C '			TRAINING CENTRE
Title of Course / Seminar			
Date to be held			Ascent Training Centre Stevenage Swimming Centre,
	place(s) for the above course/se		St.Georges Way,
			Stevenage, Herts
Address			SG1 1XY
			T. 01438 579398 E. ascent.training@sll.co.uk
			Our Drachura and Training Matrix
Telephone Email			
			www.sll.co.uk
Delegate Details	Medical Info / Sp	ecial Needs / Requirements	Date of birth
Name I			
Name 2			
Name 3			
Name 4			
Name 5			
Cheque Enclosed - please Stevenage Leisure Limited. using the Purchase Order r	Please invoice the company number	If you cancel within 14 day of the course 50% fee will If less than 7 days notice th will be payable. Course schedules and ven subject to change.	be payable. en full fee
Email Recom	mendation Twitter		
Facebook Direct	Mail Website Website	Other	
	ue Learning Number) number?		
☐ Yes ☐ No			
If Yes what is it?			
If No do you want one?			
Yes No			
Can we contact you in the	future for other courses		
Yes No			
Can we contact you for ou	ir progress reports		
Yes No	. F. 29, 200 , about		
	ered anto any 2nd Dantice)		
(No information will be pas	socu Onio any ora i al lies)		
Signed			
2151 100			