



Beginners Course Application Form

You will be contacted with the course date

Title _____
Full Name _____
Address _____

Postcode _____

Telephone No _____
E-mail _____
D O B _____

Important Medical Information

Please detail below any important medical information that our Coaches/Junior co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes, back or neck injuries etc) Details.

Emergency contact Details: -

Contact Name _____

Contact Number 1: - _____

Contact Number 2 (optional): - _____

PLEASE NOTE ALL MEDICAL INFORMATION IS ONLY KEPT FOR THE DURATION OF THE COURSE AND SEEN BY THE COACH AND COURSE CO-ORDINATOR

How did you hear about Westcott Archers?

Have you tried Archery before? YES NO

Please Send Completed Form/s to: -

Beginners Course
c/o 6 Raven Crescent
Aylesbury
Bucks
HP18 0PA

Total Course Fees are £40.00 for the course **per** applicant.
All fees must be paid prior to the course starting.

Contact John Povey on 01296 651713