

ENROLMENT FORM

Surname.....First Name.....

(Mr/Mrs/Miss/Title).....Date of Birth.....

Address.....

.....Post Code.....

Home Number.....Mobile Number.....

Email:

If you do **NOT** wish to receive any further information from us, please tick here.....

Course Title(s):

1.

.....

Date of Course(s)

2.....

Cheque Enclosed (Please make cheques payable to Pysgoty).....

Credit Card – Please telephone Pysgoty on 01970 624611 during opening hours to make a payment.

Gift Vouchers –Please return Voucher when attending your course.

Any physical or dietary factors which may affect the course for you?

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In case of emergency contact:Telephone:

Have you attended a previous course at Pysgoty before? Please state which one.....

Signature:

Date:

Pysgoty
South Promenade
Aberystwyth
SY24 1NT
Tel: Pysgoty 01970 624611

www.pysgoty.co.uk

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