

# Wild River Course Booking Form

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**Full Name**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Course Title**

\_\_\_\_\_

**Course Dates**

\_\_\_\_\_

**Please use this section to book additional courses**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

**Age if under 18**

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

**Contact Telephone Numbers**

\_\_\_\_\_

**Contact Address**

\_\_\_\_\_

**Medical conditions, allergies or significant injuries (please provide relevant information).**

\_\_\_\_\_

**Emergency Contact Name and Address**

\_\_\_\_\_

**Emergency Telephone Number(s)**

\_\_\_\_\_

**Relevant qualifications or experience**

\_\_\_\_\_

**BCU Number (if known)**

\_\_\_\_\_

**Payment method**

Cheque (made payable to 'Sean McGrath')

Credit or Debit Card

BACs (electronic bank transfer)

Paypal (please add 2%)

Invoice employer (please provide details below)

**If invoicing an employer, please provide name and email address of your employer.**

\_\_\_\_\_

**I have read and agree to the terms and conditions.**

Yes

**Please do not send course notes by post. I am happy to receive these by email to save paper.**

Yes

**Please indicate how you found out about Wild River**

**We are continually looking for ways to improve our service and would welcome your comments.**

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