

# Bushtruck



## Booking Form

Fill out the form in BLOCK CAPITALS and send it to the address below.

FULL NAME: ..... GENDER: .....  
DATE OF BIRTH: ..... EMAIL ADDRESS: .....  
ADDRESS: ..... TEL. HOME: .....  
..... TEL. MOBILE: .....  
POST CODE: .....

I WOULD LIKE TO BOOK THE FOLLOWING COURSE	DATES	FEE
.....	.....	£ .....

I ENCLOSE A CHEQUE FOR THE AMOUNT OF: £ .....  
(£50 deposit required)

PLEASE STATE ANY MEDICAL CONDITIONS .....

.....

.....

.....

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS:

Signed: .....

Date: .....

PLEASE SEND TO:  
MIKE ARMSTRONG, 5 AIRESIDE, CONONLEY, NORTH YORKSHIRE, BD20 8LT.