



You can reserve your place by calling us on 07843 064114 and making payment over the phone, or by filling in this form and sending it to us with your payment.

A completed and signed booking form is required for each course participant.

### Your Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Phone No \_\_\_\_\_ E-mail address \_\_\_\_\_

DOB \_\_\_\_\_

How did you first hear about Woodland Ways? \_\_\_\_\_

### Course Booking and Payment

Course Requested

Title \_\_\_\_\_ Dates \_\_\_\_\_

Have you already made a provisional booking? Yes/No

**A non-refundable deposit of 20% of the full course cost is required if the course start is more than 6 weeks away. The remaining balance is due at least 6 weeks before the start of the course. Full payment is required if the course begins within the next 6 weeks**

- I enclose a cheque for £ \_\_\_\_\_  
Cheques should be made payable to Woodland Ways Limited
- I have already paid £ \_\_\_\_\_ by credit/debit card
- Please debit my credit/debit card for £ \_\_\_\_\_  
Card Type \_\_\_\_\_ Mastercard/Visa Credit/Visa Debit/Switch/Maestro  
Card No \_\_\_\_\_  
Card Holders Name (as on card) \_\_\_\_\_  
Expiry Date \_\_\_\_\_ Security Code (Last 3 numbers on back of card) \_\_\_\_\_  
Valid From (Switch/Maestro) \_\_\_\_\_ Issue no (Switch/Maestro) \_\_\_\_\_
- Voucher Number (Please enclose) \_\_\_\_\_

### Health/Dietary Information

**Woodland Ways will treat all medical information in strictest confidence. Please note that Woodland Ways Ltd. will not be liable for any losses incurred due to a failure on the part of the client to disclose medical conditions.**

Do you have any special dietary requirements (including vegetarian)?

\_\_\_\_\_

Do you consider yourself to be in a good state of general fitness? If no, please give details

\_\_\_\_\_

Do you have any medical conditions that Woodland Ways needs to be aware of, including any regular medication?

\_\_\_\_\_

Emergency contact details

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone No(s) \_\_\_\_\_

**Declaration**

Bookings will only be accepted once a signed booking form is received by Woodland Ways Ltd. along with the required payment.

**Declaration: By signing this form I confirm that I have read and accept the Terms and Conditions of Woodland Ways Ltd, and that I understand the booking will not be confirmed until final clearance of payment has been made.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Woodland Ways Ltd  
The Cottage  
Wash Road  
Fosdyke  
Boston  
Lincolnshire  
PE20 2DD