



FIRST AID AT WORK 4 DAY COURSE

DATES:

APPLICATION FORM:

BY POST / IN PERSON

FULL NAME.....

ADDRESS:.....

.....

.....POSTCODE.....

DAYTIME TEL NO.....DATE OF BIRTH.....

MOBILE TEL NO.....EMAIL ADDRESS.....

I ENCLOSE CHEQUE FOR £195.00 MADE PAYABLE TO JAGS SPORTS CLUB

BY PHONE

Call the JAGS Sports Club reception on 020 8613 6500 Mon to Sun 6.30am to 10.00pm and secure your place with your credit /debit card: e.g. Visa /MasterCard

I certify that I have the prerequisites for the course.

Signed Date.....

TERMS & CONDITIONS FOR REFUNDS

I understand that all refunds will have a 10% administration charge deducted. No refund will be given if notification is less than 24 hours.

Signed Date.....

This form should be returned with the fee to:
Barbara Rexstrew
Community & Sports Development Manager
Jags Sports Club
Red Post Hill
London SE24 9JN
Tel: 0208 613 6500
Email: cdm@jagssportsclub.co.uk