

DRSC TRAINING COURSES - APPLICATION FORM

Please complete the following and send to:-

Jan Ledger, 145 Langdale Drive, Cramlington, Northumberland. NE23 8EP

Tel:- 01670 714776

Email: training@drsco.uk.

If you require acknowledgement, please enclose a S.A.E.

Name	<input type="text"/>	Are you a DRSC member?	<input type="checkbox"/>
-------------	----------------------	-------------------------------	--------------------------

Course Ref No Course Date No of places required

Names	D.O.B. if under 18
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Address

Next of Kin: Contact Name

Tel. No. **Email**

Please outline any previous sailing experience / RYA certificates you may have.

Are there any medical problems that we should be aware of?

Method of payment

By Cheque **I enclose cheque payable to DRSC for £**

Signed **Date**

(I am not under 18 years of age)

Your Telephone number: (Please complete in case we need to contact you)

Daytime **Evening**