

Course Enrolment

First Name:

_____●

Last Name:

_____●

Contact Numbers

Daytime:

Emergency:

_____●

_____●

Date of Birth:

/ /

Age:

_____●

Email:

_____●

Address:

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_____●

Postcode:

_____●

Please enrol me on the following workshops/courses:

Title	Venue and Date	Cost
Total Cost		

Please make cheques payable to " The University of Derby, Buxton"
Return this form with payment to: SportsTrain, University of Derby
Buxton, Devonshire Campus, 1 Devonshire Road, Buxton, Derbyshire,
SK17 6YR.

Tel: 01332 594638 for further details.

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