

School / Group Booking Form

Group Leader				School Address				
Name								
Phone								
Email				Office Number				
Booking Inforn	nation							
Age range of group				Date of 1st	session			
Start time for session				Number of	sessions			
Finish time for session				Number of students				
Activity	Sa	ailing taster / Sa	niling cours	se / Windsur	f taster / Windsur	f course		
Previous exper	<u>ience</u>							
Group Leader (Check list							
Emergency contact for each student				Risk assess	k assessment reviewed			
Access to any required medication				Signed				
Parental consent form for each student				Date				
Please fill in the below for each student taking part.								
First r	ame	Surname		Mediacal in	formation	Water competant		
1								
3								
4								
5								
6								
7								
8								
9 10								
10								
10 11								
10 11 12								
10 11 12 13 14 15								
10 11 12 13 14 15 16								
10 11 12 13 14 15								

If you need to contact us	lf '	you	need	to	contact	us:
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Email: training@draycotewater.co.uk

Phone: 01788 814418

Invoice and payment information:

Email: office@draycotewater.co.uk

Phone: 01788 811153