NAME …………………………………………………………………………………………………………………

SCHOOL ……………………………………………………………………………………………………...........

POSITION IN SCHOOL ……………………………………………………………………………………………

TEL.NO (W)………………………………………………………..(H/M)………………………………………….

EMAIL ………………………………………………………………………………(please make this very clear)

|  |  |
| --- | --- |
| Course |  |
| Dates |  |

Any cancellations made within 7 days of the course start date will incur the full course cost unless the place can be filled.

**Details of Payment:**

Please enclose a cheque for the full amount made payable to ‘Ashton Park School Sport Partnership’ or request an invoice below.

|  |  |
| --- | --- |
| I enclose a cheque for £ | Cheque Number: |

|  |
| --- |
| Contact and Address for invoice (eg School Finance Officer ) |

**NB Confirmation of your place/s will be on receipt of payment**

**All course details are available on our website at ssp.ashtonpark.net**

Signature……………………………………………………………….. Date……………………………………